Reunion Celebration Registration

Please Print

Name as you would like it to appear on your nametag:

Class of

Name(s) of guest(s) for nametag(s):_____

E-mail:

Special needs(dietary or otherwise):

Please indicate the number registering per event: *Friday, March 16, 2012 ____Casual Reunion Dinner, 6:00pm

*Saturday, March 17, 2012 _____Class Meeting, 2:30pm

> _Reunion Dinner and Dance, 7:00pm Cost: \$30 includes all reunion activities and guests

Payment Options: Cost \$30

*Check Enclosed \$____-Total Amount (payable to L & C Law School)

*Credit Card

____Visa ____MasterCard

Account Number

Expiration Date

Security Number (back of card)

Name as it appears on credit card

Signature

*Please add to the charge a tax-deductible gift in the amount of \$_____ in celebration of my class reunion.

*Total Amount Charged to Credit Card:\$_____

Fax the completed form: 503-768-6671 or

Mail: Lewis & Clark Law School Attn: Robin Jerke 10015 SW Terwilliger Blvd. Portland, OR 97219

Questions? Contact: Robin Jerke, jerke@lclark.edu 503-768-6607 Margaret Thomson, mthomson@lclark.edu 503-768-6968