



## RSVP/REGISTRATION

KINDLY RESPOND BY APRIL 27, 2007

Cost to attend Distinguished Alumni Award Dinner is \$75 per person.  
Payment must accompany your registration.  
(Please complete information on reverse side.)

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NAME

CLASS YEAR

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GUEST(S)

CLASS YEAR

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CLASS YEAR

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ADDRESS

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CITY

STATE

ZIP

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PHONE

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FAX

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E-MAIL





Person(s) attending \_\_\_\_\_ @ \$75 per person ..... \$ \_\_\_\_\_

I cannot attend, but would like to make a  
donation in the amount of ..... \$ \_\_\_\_\_

TOTAL AMOUNT ENCLOSED ..... \$ \_\_\_\_\_

Please make your check payable to: SCHOOL OF NURSING.

If paying by credit card:

AMEX     Visa     Mastercard     Discover     Other

Print last 3 digits that appear on signature line on back of credit card: \_\_\_\_\_

\_\_\_\_\_  
CARD NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
EXP. DATE



Return response in the enclosed reply envelope to:  
Stony Brook University, Health Sciences Center  
Office of Alumni Relations, Level 3, Room 122  
Stony Brook, NY 11794-8304

For information, call the  
Office of Alumni Relations, (631) 444-2899,  
or e-mail: [alumnihsc@notes.cc.sunysb.edu](mailto:alumnihsc@notes.cc.sunysb.edu)