REUNION & COMMENCEMENT WEEKEND, 25-28 MAY ’17
WESLEYAN WESeniors: Classes of 1940 through 1966

We strongly encourage registration online at [www.wesleyan.edu/rc](http://www.wesleyan.edu/rc).

If you prefer to register by mail, please send us this form by May 12 to:
Wesleyan University c/o Reunion & Commencement Weekend
330 High Street
Middletown, CT 06459

Please clearly print the names of every attendee in your party and indicate their relationship to Wesleyan.

SECTION 1 - PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>WESLEYAN STUDENT OR ALUMNUS/A</th>
<th>WESLEYAN PARENT</th>
<th>CHILD UNDER 18</th>
<th>OTHER</th>
<th>WESLEYAN CLASS/_PARENT YEAR (IF APPLICABLE)</th>
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CONTACT INFORMATION

ADDRESS __________________________
CITY __________________ STATE __________ ZIP ______ COUNTRY (IF OTHER THAN U.S.) __________
DAYTIME PHONE (____) __________ E-MAIL ADDRESS __________

☐ NEW/UPDATED INFORMATION

SECTION 2 - GENERAL REGISTRATION FEE

REUNION REGISTRATION FEE: This fee covers all overhead costs, registration materials, activities, parties, WESeminars, reunion regalia, and much more!

_____ person(s) over 18 @ $65/person

SECTION 2 SUBTOTAL: $ ______

SECTION 3 - MEALS

All meals, Friday night class reception open bar, and class dinner open bar are included in the cost of your registration. For catering and planning purposes, please tell us the number of people who will attend each of the meals listed below.

FRIDAY WELCOME PICNIC
_____ person(s) @ no charge for WESeniors (Classes of 1940-1966) and their guests

FRIDAY RED, BLACK & GREEN! DINNER
_____ person(s) @ no charge for WESeniors (Classes of 1940-1966) and their guests

FRIDAY SHABBAT DINNER
_____ person(s) @ $20 per person (includes Wesleyan Students)
_____ child(ren) @ $8 per child (age 12 and under)

SATURDAY LUNCH WITH THE PRESIDENT
_____ person(s) @ no charge for WESeniors (Classes of 1940-1966) and their guests

SATURDAY REUNION CLASS RECEPTION AND BANQUET
_____ person(s) @ no charge for WESeniors (Classes of 1940-1966) and their guests

SUNDAY BRUNCH
_____ person(s) @ no charge for WESeniors (Classes of 1940-1966) and their guests

SECTION 3 SUBTOTAL: $ ______
FRIDAY (includes dinner) 3 p.m.-midnight
___ child(ren) @ $50 per child

SATURDAY (includes dinner and snack) 4 p.m.-midnight
___ child(ren) @ $50 per child

Name and age of each participating child:

__________________________________ ________
__________________________________ ________

SECTION 4 SUBTOTAL: $___

SATURDAY (includes lunch and snack) 9 a.m.-4 p.m.
___ child(ren) @ $50 per child

SECTION 5 - RESIDENCE HALL ROOM RESERVATIONS

There are a limited number of on-campus rooms available to alumni on a first-come, first-served basis. Occupancy begins Thursday at 9 a.m. and ends Sunday at 1 p.m.

- Alumni and guests are charged a flat rate of $150 per twin bed, regardless of the number of nights they choose to stay.
- Almost all rooms are doubles or triples, and we recommend that you reserve one bed per adult. Beds can be moved or pushed together.
- Basic linens (including sheets, a light blanket, a pillow, a pillowcase, and a towel) are provided.
- Residence hall room assignments will be given out at registration upon arrival on campus. We apologize that assignments cannot be made available in advance of reunion.

- I do not require on-campus lodging.
- I would like one bed, and I wish to share a room with ________________________________
  (NOTE: If your preferred roommate does not register to stay in the dorms or if you do not list a roommate preference, you may be paired with another alumnus from your class.)
- I would like one bed, and I do not have a roommate preference. I understand I may be assigned to a room with another member of my class.
- I/we would like two beds and understand that I/we will be assigned to a double or with no other roommate.
- Person(s) at $150 per person/bed (includes Thursday - Saturday nights)

SECTION 5 SUBTOTAL: $___

SECTION 5 - PAYMENT

SECTION 2 SUBTOTAL: $______________
SECTION 3 SUBTOTAL: $______________
SECTION 4 SUBTOTAL: $______________
SECTION 5 SUBTOTAL: $______________

Please add this amount to my registration for financial aid through the Wesleyan Fund: $__________

TOTAL for all Sections: $______________

Registrations must be postmarked by May 12, 2017.

TOTAL $______________

FORM OF PAYMENT: ______ CHECK (NUMBER __________)

______ VISA ______ MASTERCARD ______ AMERICAN EXPRESS ______ DISCOVER

ACCOUNT NUMBER (PLEASE PRINT CLEARLY) ______________________________ SECURITY CODE

EXPIRATION DATE ______ NAME AS IT APPEARS ON CARD __________________________

SIGNATURE ______________________________