

University of Nevada School of Medicine 40th Anniversary Reservation Form

- Thursday, September 24th, UNSOM Alumni Association reception and awards ceremony, 5:30 p.m., John Ascuaga's Nugget
___ I will be attending with ___ guests
- Thursday, September 24th, 28th Annual University of Nevada, Reno Foundation Banquet, 7:00 p.m., John Ascuaga's Nugget, Rose Ballroom
Advance ticket purchases only by September 17, 2009. Tickets will not be available at the door.
___ A table of 10 is \$2,000 (\$1,000 is tax deductible)
___ Individual tickets are \$200 each (\$100 is tax deductible) _____ Number of tickets
___ I would like to donate ___ seats at my table or ___ individual tickets to UNSOM students who would like to attend
- Friday, September 25th, UNSOM CME session – Multi-Specialty Updates, 8:00am – 4:00 pm, Manville Auditorium, University of Nevada School of Medicine Reno Campus
___ Registration is \$75 (\$50 for UNSOM alumni, faculty, and residents if registered by September 10)
- Friday, September 25th, UNSOM tours, 12:00 – 1:00, Pennington Medical Education Building foyer
___ I will attend

I authorize you to charge my credit card for a total of _____ for the above events.

Contact information (Mandatory)

Name _____

Company _____

Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

Email _____

If you are attending the Foundation Banquet please provide the following:

Whom may we contact for guest names for the Foundation Banquet? _____

Name to appear on table signs(s) – if table purchase _____

If you are attending the CME please provide the following:

Degree _____ License Number _____

Practice Specialty _____ Graduation Year _____ School _____

Payment information – Payments will be processed separately for the Foundation Banquet and the CME. If you are attending both events and paying by check you will need to write two checks. If you are paying by credit card, please be advised you will have two separate transactions on your statement.

If paying by check for the Foundation Banquet, please make payable to the University of Nevada, Reno Foundation.

If paying by check for the CME, please make payable to the Board of Regents.

Signature _____ Circle one: Company Credit Card/Personal Credit Card

Credit Card Number _____ Expiration Date _____

For more information, call Christina Sarman, Assistant Director of Development at (775) 784-6009 or email christinas@unr.edu
Send payment to University of Nevada, Reno, Christina Sarman, MS 332, Reno, NV 89557
or fax form to (775) 784-6096