We strongly encourage all alumni to register online at [www.wesleyan.edu/re](http://www.wesleyan.edu/re). If you prefer to register by mail, please send us this form by May 6 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 ALUMNUS</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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</table>

**CONTACT INFORMATION**

ADDRESS ____________________________

CITY ____________________________ STATE ______ ZIP ________ COUNTRY (IF OTHER THAN U.S.) ____________

DAYTIME PHONE (_____) ____________________________ E-MAIL ADDRESS ____________________________

### SECTION 2 — REGISTRATION AND MEALS

**REUNION REGISTRATION FEE**

This fee covers all weekend activities, parties, and meals, including dinner on Thursday, lunch and dinner on Friday, lunch and dinner on Saturday, brunch on Sunday, live music throughout the weekend, reunion regalia, class specific activities, WESeminars, and much more.

___ PERSON(S) OVER 18 @ $250/PERSON

All meals and beverages 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.

**THURSDAY 50th REUNION RECEPTION & DINNER**

___ person(s)

___ child(ren) 18 and under

**FRIDAY WELCOME PICNIC LUNCH**

___ person(s)

___ child(ren) 18 and under

**FRIDAY PRESIDENT’S 50th REUNION DINNER**

___ person(s)

___ child(ren) 18 and under

**SATURDAY ALL-COLLEGE LUNCH & FESTIVAL ON FOSS HILL**

___ person(s)

___ child(ren) 18 and under

**SATURDAY REUNION CLASS DINNER**

___ person(s)

___ child(ren) 18 and under

**SUNDAY BRUNCH**

___ person(s)

___ child(ren) 18 and under

*Note: A separate invitation will be sent in the mail for the Friday evening President’s 50th Reunion Diner. You may also respond using the reply card included with the invitation.

**SECTION 2 SUBTOTAL** $ ____________________________
SECTION 3 — 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 one flat rate of $150 per twin bed, regardless of the number of nights they choose to stay.
• Almost all rooms are doubles or triples with twin beds, and we recommend that you reserve one bed per adult. Beds can be moved or pushed together.
• Child's cots are also available at $50 per cot. Limit one cot per room.
• 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/a 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 with no other roommate.
_______ person(s) at $150 per person/bed (includes Thursday – Saturday nights) = $________________________
_______ child’s cot(s) at $50 per child/cot (includes Thursday – Saturday nights) = $________________________

SECTION 3 SUBTOTAL  $ __________________

SECTION 4 — PAYMENT

SECTION 2 SUBTOTAL $ __________________
SECTION 3 SUBTOTAL $ __________________

Please add this amount to my registration for financial aid through the Wesleyan Fund = $________________________

Registrations must be postmarked by May 6, 2016.

TOTAL $ _______________

FORM OF PAYMENT:  _____ CHECK (NUMBER ____________)
_____ CASH       _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER

ACCOUNT NUMBER (PLEASE PRINT CLEARLY) ________________________________ SECURITY CODE _______

EXPIRATION DATE ___________ NAME AS IT APPEARS ON CARD ________________________________

SIGNATURE ____________________