We strongly encourage all alumni to register online at www.wesleyan.edu/rc. If you prefer to register by mail, please send us this form by May 8 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/A</th>
<th>WESLEYAN PARENT</th>
<th>CHILD UNDER 18</th>
<th>OTHER</th>
<th>WESLEYAN CLASS/PARENT YEAR (IF APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**CONTACT INFORMATION**

ADDRESS ________________________________

CITY ___________________ STATE _______ ZIP _______ COUNTRY (IF OTHER THAN U.S.) _______

DAYTIME PHONE (____) ___________________ E-MAIL ADDRESS ________________________________

### SECTION 2 — MEALS

<table>
<thead>
<tr>
<th>FRIDAY WELCOME PICNIC</th>
<th>SATURDAY ALL COLLEGE PICNIC &amp; FESTIVAL ON FOSS HILL</th>
<th>SATURDAY REUNION CLASS DINNER</th>
<th>SUNDAY BRUNCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ person(s) @ $20 per person(s) (includes Wesleyan students)</td>
<td>____ person(s) @ $10 per person (includes Wesleyan students)</td>
<td>____ person(s) @ $50 per person</td>
<td></td>
</tr>
<tr>
<td>____ child(ren) @ $5 per child (age 12 and under)</td>
<td>____ child(ren) @ $8 per child (age 12 and under)</td>
<td>____ person(s) @ $18 per person (includes Wesleyan students)</td>
<td></td>
</tr>
<tr>
<td>____ child(ren) @ $8 per child (age 12 and under)</td>
<td>____ child(ren) @ $5 per child (age 12 and under)</td>
<td>____ child(ren) @ $5 per child (age 12 and under)</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 2 SUBTOTAL** $ ________________________

### SECTION 3 — 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 3 SUBTOTAL** $ ________________________
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 $120 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 $30 per cot.
- 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.

**SECTION 4 — RESIDENCE HALL ROOM RESERVATIONS**

- 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 with no other roommate.
  ______ person(s) at $120 per person/bed (includes Thursday – Saturday nights) = $
  ______ child’s cot(s) at $30 per child/cot (includes Thursday – Saturday nights) = $

**SECTION 4 SUBTOTAL $ __________________**

**SECTION 5 — PAYMENT**

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

**SECTION 2 SUBTOTAL $ __________________**  **SECTION 4 SUBTOTAL $ __________________**

**SECTION 3 SUBTOTAL $ __________________**

Registrations must be postmarked by May 8, 2015.

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 ___________________________