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 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>PLEASE CHECK ALL THAT APPLY</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>
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CONTACT INFORMATION
ADDRESS ________________________________
CITY __________________ STATE _____ ZIP _______ COUNTRY (IF OTHER THAN U.S.) ________
DAYTIME PHONE (_____ ) ___________________ E-MAIL ADDRESS __________________________

SECTION 2 — MEALS

FRIDAY WELCOME PICNIC
_____ person(s) @ $20 per person(s) (includes Wesleyan students)
_____ child(ren) @ $5 per child (age 12 and under)
FRIDAY RED, BLACK & GREEN! DINNER
_____ person(s) @ $20 per person (includes Wesleyan students)
_____ child(ren) @ $8 per child (age 12 and under)
FRIDAY SHABBAT DINNER
_____ person(s) @ $20 per person (includes Wesleyan students)
_____ child(ren) @ $8 per child (age 12 and under)

SATURDAY ALL COLLEGE PICNIC & FESTIVAL ON FOSS HILL
_____ person(s) @ $10 per person (includes Wesleyan students)

SATURDAY REUNION CLASS DINNER
_____ person(s) @ $50 per person

SUNDAY BRUNCH
_____ person(s) @ $18 per person (includes Wesleyan students)
_____ child(ren) @ $5 per child (age 12 and under)

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 $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 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 4 SUBTOTAL   $ ____________________________

SECTION 5 — PAYMENT

SECTION 2 SUBTOTAL   $ ____________________________    SECTION 4 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 ____________________________