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.

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>PLEASE CHECK ALL THAT APPLY</th>
<th>WESLEYAN ALUMNUSA</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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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) @ no charge for WESeniors (Classes of 1936-1964) and their guests

FRIDAY RED, BLACK & GREEN! DINNER
_____ person(s) @ no charge for WESeniors (Classes of 1936-1964) 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 1936-1964) and their guests

SATURDAY REUNION CLASS RECEPTION AND BANQUET
_____ person(s) @ no charge for WESeniors (Classes of 1936-1964) and their guests

SUNDAY BRUNCH
_____ person(s) @ no charge for WESeniors (Classes of 1936-1964) and their guests

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 $ __________________
SECTION 4 — 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 $120 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.
- Child’s cots are also available at $30 per cot.
- Basic linens (including sheets, a light blanket, a pillow, a pillowcase) 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 $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 $________________________

☐ yes, please contribute $5 of my total fee to current financial aid through the Wesleyan Fund.

Registration 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 __________________________