

WSU College of Veterinary Medicine Class of 1989 Reunion Registration Form

Yes, I/we will be attending. No, I/we will not be attending.

Name _____
(As it should appear on nametag.)

Name _____
(As it should appear on nametag. Spouses & guests are encouraged to participate in activities.)

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Fax _____ E-mail _____
Please indicate here if any member of your party requires special assistance or has special dietary needs:

Friday, October 9, 2009

2:00 - 4:00 p.m. Tours of the Teaching Hospital at the College of Veterinary Medicine
5:00 p.m. Registration (University Inn - Moscow)
5:30 - 7:00 p.m. Reception (University Inn - Moscow)
7:00 p.m. Dinner (University Inn - Moscow) *Details to be sent with confirmation later*

Saturday, October 10, 2009

11:30a.m. - 2:00p.m. Pre-game get-together and BBQ (*subject to change, based on 2:00 game time*)
2:00 p.m. WSU vs. Arizona State Football Game (*Game time subject to change*)

**After July 31st you will need to call 1-800-GO-COUGS to purchase your own football tickets
(Your tickets will not be in the group block if ordered after the deadline, by you).**

Number in party for reunion _____ x \$45= _____

Number of Football Tickets _____ x \$32= _____

Check enclosed (*payable to Washington State University*)

Bill to my Visa MasterCard

(Sorry, we are unable to accept American Express.)

Card Number _____ Security Code (*3-digits, on back of card*) _____ Expires _____

Name on Card _____

REGISTRATION PRIORITY DEADLINE is July 31, 2009

Please mail completed form with fee by Friday, July 31, 2009 to:

Kay Glaser

College of Veterinary Medicine

P.O. Box 647010

Pullman, WA 99164-7010

or fax to (509) 335-2132

Questions: Contact Kay Glaser at the WSU College of Veterinary Medicine (509) 335-4835
or email kayann@vetmed.wsu.edu