

UCSF SCHOOL OF MEDICINE

To register and pay by credit card, go to www.ucsfalumni.org and click on "Events."

To register and pay by check, send completed form (below) with payment to:
UCSF Medical Alumni Association, UCSF Box 0248, San Francisco, CA 94143-0248

Please RSVP by April 24, 2009.

Refunds honored if requested by May 2, 2009.

Friday, May 8, 2009 / CME Course / 11:00 am - 3:00 pm

For all reunion year classes and guest clinicians

Fees apply – separate registration required

To register, go to www.cme.ucsf.edu / Course # MOC09002

Friday, May 8, 2009 / Dean's Reception / 5:30 - 7:00 pm

For all reunion year classes and guests

If you plan to attend the reception, please indicate number of attendees _____

Saturday, May 9, 2009 / Day Program

For alumni, faculty, current and former housestaff, students and guests

Includes parking, continental breakfast, morning program, awards luncheon, guided tours and admission to the Bakar Fitness Center

MAA Members, Non-Members and Guests \$45 x _____ = \$ _____

YOUNG ALUMNI DISCOUNT 1994–2004 graduates

MAA Members, Non-Members and Guests \$25 x _____ = \$ _____

Saturday, May 9, 2009 / Class Reunion Parties

For classes of 1949, 1954, 1959, 1964, 1969, 1974, 1979, 1984, 1989

Your party will include hors d'oeuvres, wine and soft drinks followed by a three course meal.

MAA Members, Non-Members and Guests \$145 x _____ = \$ _____

YOUNG ALUMNI DISCOUNT 1994-2004 graduates

MAA Members, Non-Members and Guests \$85 x _____ = \$ _____



Please join your Medical Alumni Association today:

MAA Annual Membership Dues = \$75 \$ _____

MAA Lifetime Membership Dues = \$750 \$ _____

GRAND TOTAL *Make check payable to UC REGENTS*

\$

Please print all information clearly:

NAME _____ UCSF CLASS YEAR _____

ORGANIZATION _____ TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____
()

EMAIL _____ TELEPHONE _____

GUEST NAME/S _____ GUEST CLASS YEAR *(UCSF alumni only)* _____

Please indicate any accessibility or dietary needs