



Black Alumni Reunion

REGISTRATION FORM

Project 500 Commemoration

First Name _____

Last Name _____

Email _____

Company _____

Title _____

UIUC College _____

Highest Degree _____

Graduation Year _____

Major _____

Alumni Association Member _____

Work Address _____

Primary Address _____

City _____ State _____ Zip _____

Home Address _____

City _____ State _____ Zip _____

Work Phone _____

Home Phone _____

Cell Phone _____

Special Dietary Needs?

Vegetarian _____ Vegan _____ Other _____

Pursuant to the Americans with Disabilities Act, do you require specific aids or services? YES NO

Were you a member of a varsity sport, a trainer or cheerleader? YES NO

Choose your affinity reunion(s). Please check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Alpha Kappa Alpha | <input type="checkbox"/> Phi Beta Sigma | <input type="checkbox"/> Sigma Gamma Rho |
| <input type="checkbox"/> Alpha Phi Alpha | <input type="checkbox"/> Kappa Alpha Psi | <input type="checkbox"/> Zeta Phi Beta |
| <input type="checkbox"/> Delta Sigma Theta | <input type="checkbox"/> Iota Phi Theta | <input type="checkbox"/> Omega Psi Phi |

GUEST INFORMATION

First Name _____

Last Name _____

Email _____

Special Dietary Needs?

Vegetarian _____ Vegan _____ Other _____

Pursuant to the Americans with Disabilities Act, do you require specific aids or services? YES NO

Were you a member of a varsity sport, a trainer or cheerleader? YES NO

EVENT REGISTRATION

Thursday, November 6, 2008 / 4:00 pm

_____ \$ 105.00 / Full Reunion Package (Thursday - Sunday) (Early Bird: by August 31)

_____ \$ 150.00 / Full Reunion Package (Thursday - Sunday) (After August 31)

This package includes a complimentary Welcome Reception on Friday; all Reunion activities (with exception of the comedy show) and meals; and an Illini Welcome Kit.

Friday, November 7, 2008 / 8:00 pm

_____ \$ 20.00 / Comedy Show

Saturday, November 8, 2008 / 9:00 am to 11:00 pm

_____ \$ 100.00

Saturday Only: Includes admission to all Saturday reunion activities and meals.

Sunday, November 9, 2008 / 10:00 am to 2:00 pm

_____ \$ 50.00

Sunday Only: Includes admission to Sunday ceremony and brunch.

PAYMENT INFORMATION

Check (please make check{s} payable to the University of Illinois)

Check # _____ Driver's License # _____

Credit Card

Visa **MasterCard**

Credit Card #: _____

3-4 digit CCID# (on back of card) _____

Expiration Date: _____

Card holder (print name) _____

Authorized Signature: _____

PLEASE MAIL THIS COMPLETED FORM TO:

All Classes Black Alumni Reunion
Project 500 Commemoration (ACBAR/500)
100 Swanlund Administration Building
601 East John Street
Champaign, Illinois 61820