## **2015** Banquet Reservation Form

Date: Friday, October 2, 2015

Place: Brookwood Golf & Banquet Center, 6045 Davison Road, Burton, MI

Time: 6:00pm Social Hour - 7:00pm Dinner

Reservations received before Sept 26<sup>th</sup> \$30.00, after Sept 26<sup>th</sup> \$35.00

| Name    |                   |                        |                   | Graduating Class    |       |  |  |
|---------|-------------------|------------------------|-------------------|---------------------|-------|--|--|
|         | First             | Maiden                 | La                | st                  |       |  |  |
| Addres  | SS                |                        |                   | Pho                 | ne    |  |  |
| City    |                   |                        | State             | Zip                 |       |  |  |
| Email / | Address           |                        |                   | -                   |       |  |  |
| BANQI   | JET RESERVATIOI   | NS                     |                   |                     |       |  |  |
|         | Yes, I will be at | tending the banquet o  | n Oct 2, 2015     | @ \$30              | \$    |  |  |
|         | No, I will not b  | e attending the banqu  | uet, however I wi | ll support a studer | nt    |  |  |
|         | to attend (\$30   | ))                     |                   |                     | \$    |  |  |
| ANNU    | AL DUES           |                        |                   |                     |       |  |  |
|         | Lifetime Memb     | er (\$0)               |                   |                     | \$    |  |  |
|         | Annual Dues Se    | pt 2015-Sept 2016 (\$1 | 5.00)             |                     | \$    |  |  |
|         | Lifetime Dues (   | 5150.00)               |                   |                     | \$    |  |  |
| DONA    | TIONS             |                        |                   |                     |       |  |  |
|         | Scholarship Dor   | nation (Honor/Memor    | ry)               | )                   | \$    |  |  |
|         | Historical Prese  | ervation               |                   |                     | \$    |  |  |
|         | Not Specified o   | other                  |                   |                     | \$    |  |  |
|         |                   |                        |                   | ТОТ                 | AL \$ |  |  |

Send this form with check payable to: **Hurley School of Nursing Alumni**Attention: Sue Middleton

40 N. Elm Grove

Lapeer, MI 48446

Questions: **Call Kathy Miller** at 810-394-4705 or 989-271-9214