CLASS OF 1969 & FRIENDS REUNION

Thursday, September 12 to Sunday, September 15, 2019 Registration Form

Please complete this form and send it in with payment to the attention of: Steven Pataki, Alumni Development Coordinator (988-7122 or s.pataki@uwinnipeg.ca) The University of Winnipeg • 515 Portage Avenue • Winnipeg, MB R3B 2E9

Your Name:		E-Mail Address:	
Guest Attend	ding: Yes 🗆 No 🗀 🛮 Gu	lest Name:	
l will be atter	nding the following event	is:	
<u>Thursday</u>	, September 12 th		
	Alumni Wine & Cheese Reception (Leatherdale Hall – behind Wesley Hall - 515 Portage Avenue) (5:00 pm – 7:00 pm)		
	Alumni General Meeting (Leatherdale Commons – behind Wesley Hall - 515 Portage Avenue) (7:00 pm – 7:30 pm)		
	Class of 1969 & Friends Mixer (University Club, 4 th Floor of Wesley Hall) (7:30 pm – 10:00 pm)		
Friday, S	eptember 13 th		
	Guided Tour at the Canadian Museum For Human Rights (85 Israel Asper Way) (10:30 am – 12:00 pm) \$17 – all day admission pass to be paid on site		
	Lunch at the Canadian Museum For Human Rights ("pay as you go")		
	Class of 1969 & Friends Reunion Dinner The Fort Garry Hotel – 222 Broadway Reception – 5:30 pm / Dinner – 6:30 pm		
<u>Saturday</u>	, September 14 th		
	(meet in the Archives C Coffee & Pastries - 10:0	architectural tour including new buildings) entre, Centennial Hall Library) 0 am / Tour - 10:30 am will be available in Elements The Restaurant in the new science	
Sunday,	September 15 th		
	Multi-Faith Service of Prayer (Carl Ridd Sanctuary - the old chapel in Bryce Hall) Coffee & Pastries - 10:00 am / Service - 10:30 am		
	Pancake Breakfast (Riddell Hall - 11:30 am)		

Registrati	on Fee:
	\$20 per person - for Thursday Mixer only
	\$45 per person - for Class Reunion Dinner only
	\$65 per person - for both events above
PAYMENT:	: Please check the appropriate box:
	I have included a cheque in the above amount payable to The University of Winnipeg.
	I am paying by credit card and the card type, number and expiry date are as follows:
Card Type:	Visa / MasterCard Number: Expiry Date: /
Please let i	us know of any dietary concerns/restrictions:
	equire wheelchair accessibility?:
permission attending" promoting activities m	, (print name) understand that by signing my name below, I given to the University of Winnipeg Alumni Association to include my name on the list of "alumn to be posted on the website and published in written form strictly for the sole purpose of the Class of 1969 & Friends reunion. I also understand that my participation in reunion may result in my name and picture appearing in the Alumni and/or University newsletter.
Signature	