Cornell Black Alumni Association: Reunion Registration Form

Register online at **www.alumni.cornell.edu/reunion** or return this completed form with payment by **May 24, 2015** to: CBAA, Alumni Affairs, P.O. Box 6554, Ithaca, NY 14851-6554

For Reunion information, contact our Reunion co-chairs: Petula Brown '92, pyb4@cornell.edu

Child

Morris "Mercury" Melvin '75, mm154@cornell.edu or 703-283-8768

Age (as of 6/04/15)

Classmate Information				
Cornell Net ID (found on mailing label)				
First	Last	Maiden (if applicable)		
Please print your name as you would like it to appear	r on your button; we encourage inclusion of maiden name.	E-mail address		
Street address	City	State	Zip Code	
Preferred phone	Mobile phone (used only during Reunion weekend)	Vehicle license plate number (for Reunion weekend)		
College				
Expected Arrival Date/Time No	check-ins before noon Thursday, please.			
ARRIVAL DAY: □ Thurs. □ Fri. □	Sat. Time: am/pm EST	Т		
want your image used, you are responsible for n	University Photography staff member and possibly use otifying the photographer at the time the photo is take I university website as attending Reunion. Yes nion.	en. University Pho	nell-related media purposes. If you do not otography will delete the image on the spot.	
If you or your guest have special medical or mob	ility needs, please contact your registration chair.			
Emergency Information: For use during the	e Reunion weekend. Must list someone NOT acc	companying you	ı to Ithaca.	
Emergency contact name	Preferred phone	Relationship		
Meals For special dietary needs, ple	ease specify.			
# of Gluten-Free # of Vegan	# of Vegetarian # of Kosher			
☐ I have a life threatening dietary restriction. F	Please explain below: (We may not be able to accomn	nodate all dietar	y requirements; please contact your	
Reunion representative if you have concerns)				
Guest Information Please print yo	our name as you would like it to appear on y	your button.		
Guest	Cornellian: maiden name (if applicable), class,	, and college	Cornell Net ID	

Age (as of 6/04/15)

Registration

Please refer to the registration brochure for the various fee options and what is included in each option. Prices are	per person.
---	-------------

	Early Bird Fee (by midnight EST 5/10)	OR	Regular Fee (after 5/10)	
Full weekend (Arrival Thursday—Sunday) Mini weekend (Arrival Saturday—Sunday) Young alumni—Full weekend Saturday only Bring Your Own Babysitter	# @ \$285 # @ \$215 # @ \$230 # @ \$195 # @ \$90		# @ \$310 # @ \$240 # @ \$255 # @ \$220 # @ \$90	= \$ = \$ = \$ = \$
Children: Infant (<1) Child 1–5 years Child 6–12 years IN Kids Club * Child 6–12 years NOT in Kids Club Child 13–15 years IN Kids Club * Child 13–15 years NOT in Kids Club Youth 16-20	# FREE # FREE # @ \$70 # @ \$90 # @ \$70 # @ \$130 # @ \$130		# FREE # @ \$70 # @ \$90 # @ \$70 # @ \$130 # @ \$130	= \$ = \$ = \$ = \$

Optional:

FRI. Group Photos: CBAA, CLAA, and joint CBAA/CLAA.

Free digital download available.

*This form does NOT enroll and/or cover fees for the Kids Club (formally know as the University Youth Program). See www.alumni.cornell.edu/reunion for more info. Please contact Joanne Hill if you have special circumstances: jh18@cornell.edu.

TOTAL REGISTRATION FEE

_____ Expiration Date _____

Friday and Saturday All-Alumni Lunch: Please consider joining other alumni for an intergenerational Big Red buffet in the Terrace Restaurant at the Statler Hotel. Tickets for purchase at the door: \$15 for adults, \$10 for children ages 4-10, cash or credit card only. Pre-registration is not available.

Housing						
per night (age 12 and under), or save scrib, on the floor, etc.) and stay in a pa	332 for all 3 ni rent's room. I . Assignments	ghts at a total cost of \$ Headquarters and housi will be made on a first	64/chil ng will	all 3 nights at a total cost of \$146/adult. Chilo d. There is no charge for children who do not be on North Campus in Ujamaa with overfloo ister basis. Once doubles are no longer availa	need a w into l	bed (sleep in porta- Low Rise 7. Ujamaa
☐ I/We will be staying off-campus. F	lease indicate	where:				
☐ I/We will be staying on campus.	OR Tota AND Tota	ll number of adults Il number of children	X	\$146.00 for all 3 nights Total nights X \$62.00 per night \$64.00 for all 3 nights Total nights X \$32.00 per night	= = = =	\$ \$ \$
				TOTAL HOUSING FEE	=	\$
If you have a mobility impairment to Special housing assignments can o				nt (near entrance, first floor, etc.), please tmarked by 5/24/15.	explai	n below.
Special housing need:						
Prefer to stay in a local hotel room? A Reunion website, and call your favorite				for alumni returning to Ithaca. Review hotelome, first served basis.	inform	ation on the Cornell
Payment						
If you are paying with a credit card, pl	ease consider	using our secure online	systen	n to register.		
				Subtotal for registration (from above)	=	\$
				Subtotal for housing (from above)	=	\$
				TOTAL AMOUNT DUE	_	\$

_____ Signature/Date ___

Receipt of your registration will be acknowledged.

Name as it appears on your credit card ____

I have enclosed a check made payable to CBAA. Check # _____

I am using my Visa / MasterCard / Discover / American Express (circle one). Credit Card # ____

Until May 24, 2015, all registrations are fully refundable. Refunds may not be processed until after Reunion weekend.