



# Registration Form

June 16 - 18

## Early Bird Special • \$350

Available for paid Alumni Association (AA) Members. Register on or before April 29, 2016 for a Global Fee of only \$350!

**Global Fee Includes:** All CE classes (20 Classroom Hours Available) all planned breaks, Thursday & Friday lunch, and Saturday night Grand Cocktail Reception.

**After April 29, 2016: Alumni Association Members Global Fee: \$400**

**Non Alumni Association Members Global Fee: \$500**

**Daily Registration Fee: \$200**

**Register Online: [www.nuhs.edu/Homecoming](http://www.nuhs.edu/Homecoming)**

\* Please let us know which days you will be attending classes:  Thursday  Friday  Saturday

**Make Your Choice(s) Below By Checking the Box(es)**

**Amount**

**Total Amount**

<input type="checkbox"/> Register me for the AA Global Fee on or before April 29th *	\$350	
<input type="checkbox"/> Register me for the AA Global Fee after April 29th *	\$400	
<input type="checkbox"/> I would like to pay my 2016 AA Dues General Member – \$80 Retired Member (& 2014 graduates) – \$35 Courtesy Member (2015 Graduates) – No Charge	\$80, \$35, or N/C	
<input type="checkbox"/> Register me for the Global Fee. I do not wish to be an AA member *	\$500	
<input type="checkbox"/> Register me for the daily fee(s) *	\$200 each day	
<b>Combined Amount</b>		

**Guest Registration. Please Check Appropriate Box(es)**

**# Attending**

**Total Amount**

<input type="checkbox"/> Friday Lunch Ticket – \$50 each		
<input type="checkbox"/> Saturday Grand Reception Ticket – \$75 each		
<b>Combined Amount</b>		

**Grand Total: \$ \_\_\_\_\_**

**Please See Other Side to Complete Registration →**



# Registration Form

June 16 - 18

**Please Complete Sections Below:** *This information is shown on the NUHS website for Doctor/Patient Referrals.*

**Select One:** Dr. / Mr. / Mrs.      **Year(s) of Graduation:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Guest:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State / Province:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**(For CME Use) License #:** \_\_\_\_\_ **State:** \_\_\_\_ **License #:** \_\_\_\_\_ **State:** \_\_\_\_

**Payment Options: Please check one. Make checks payable to NUHS.**

Check payable to NUHS     MasterCard     Visa     American Express     Discover

\_\_\_\_\_  
**Credit Card Number**

\_\_\_\_\_  
**Exp. Date**

\_\_\_\_\_  
**Signature**

Send registration form with payment to: **NUHS Alumni Office | 200 E. Roosevelt Road | Lombard, IL 60148**

If you have any questions, please call 630.889.6702 or email [lnelson@nuhs.edu](mailto:lnelson@nuhs.edu)

*Please check here to exclude your name from list occasionally provided to approved vendors and organizations.*

**What is your favorite NUHS Homecoming memory?**

---

---

---

---

---

---