

## Held on Campus in Janse Hall

	Select Options	Thursday Only	Total
1. (before April 30)	NUHS Alumni Association Member	\$100	
	Non Alumni Association Member	\$125	
2. (after April 30)	NUHS Alumni Association Member	\$125	
	Non Alumni Association Member	\$150	

**• REMINDER •**

*Wear comfortable clothing and bring your own sheets!*

### Meals Are Included!

Are you attending the Thursday Luncheon? Yes  No

Are you attending the Thursday Cook-out? Yes  No

	Alumni Association Dues	Amount	Fee Amount
3.	General Member	\$80	\$
	Retired Member -or- (2012 NUHS graduate)	\$35	\$
	Courtesy Member (2013 NUHS graduate)	N/C	N/C

4. Grand Total: \$ \_\_\_\_\_

### PAYMENT OPTIONS

Make checks payable to  
National University of Health Sciences.  
American Express, VISA, MasterCard  
and Discover are also accepted.

Card# \_\_\_\_\_

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

Today's Date \_\_\_\_\_

Signature \_\_\_\_\_

PLEASE PRINT OR TYPE

Please select: Mr. / Ms. / Mrs.

Year of Graduation \_\_\_\_\_

Your Name \_\_\_\_\_ Spouse/Guest Name \_\_\_\_\_

Primary Address \_\_\_\_\_  
(To be shown on NUHS website for Doctor/Patient Referral)

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

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

(for CME use) License # \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Please fill out the registration form and send with payment to:

**NUHS Alumni Office • 200 E. Roosevelt Road • Lombard, IL 60148 • Or fax to 630-889-6636**

Questions? Call us at 630-889-6702 or e-mail: [lnelson@nuhs.edu](mailto:lnelson@nuhs.edu)

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

Please see other side →