

REUNION REGISTRATION FORM

Mail this form to: Office of Alumnae and Alumni Relations, Notre Dame of Maryland University,
4701 N. Charles Street, Baltimore, MD 21210

Refunds, minus the registration fee, are available until August 27.

The Basics

First and Last Name: _____

Class Year: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

Email: _____

Additional Information

Guest Name(s): _____

Do you or your guest(s) have any accessibility needs or dietary restrictions we should know?

Payment

Please make your check payable to **Notre Dame of Maryland University** or note your credit card information.

Credit or Debit Card Type (circle one): Visa MasterCard Discover American
Express

Account Number _____

Expiration ____/____ Security Code _____ Zip Code _____

Signature _____ Date _____

