

CAROLINA LAW alumni WEEKEND october 9-10, 2009

REGISTRATION

Full Name _____

Law Class _____

Name as you would like it to appear on your nametag

Employer _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Guest _____ Guest _____

(include guest's Carolina Law class if applicable)

REUNION GIFT CAMPAIGN

Please find my reunion campaign gift of \$ _____ enclosed.

I pledge \$ _____ for five years for a total gift of \$ _____ in honor of my class reunion. I wish to make my pledge payments on the _____ (day) of _____ (month) beginning in 20____.

Signature (for pledge)

EVENT REGISTRATION

Friday, October 9

50th Reunion Luncheon

Number attending _____ x \$0 = \$0

Number of vegetarian entrée(s) _____

Carolina Law Alumni Reception and Gala

Number attending _____ x \$75 = \$ _____

Number of vegetarian entrée(s) _____

Alumni Reunion Bash

Number attending _____ x \$0 = \$0

Saturday, October 10

Chancellors' Scholars Alumni Breakfast

Number attending _____ x \$15 = \$ _____

Golden Tar Heel Alumni Breakfast

Number attending _____ x \$15 = \$ _____

Minority Alumni Breakfast

Number attending _____ x \$15 = \$ _____

State of Carolina Law Address

Number attending _____ x \$0 = \$0

Bluegrass & BBQ

Number of adults _____ x \$15 = \$ _____

Number of children (under the age of six) _____ x \$0 = \$0

Number of vegetarian entrée(s) _____

UNC vs. Georgia Southern football game

Number attending _____ x \$50 = \$ _____

Reunion Gift \$ _____

Registration Fees \$ _____

TOTAL Amount Enclosed \$ _____

PAYMENT

Enclosed is a check payable to UNC School of Law

Charge \$ _____ to my VISA MasterCard

Cardholder's Name _____

Cardholder's Signature _____

Credit Card Number _____

Expiration Date _____ Zip Code _____ (for billing address)

Please mail this form to:

CAROLINA LAW
alumni
WEEKEND october
9-10, 2009

UNC School of Law, Office of Advancement
Campus Box 3382, Ste. 237
Chapel Hill, NC 27599-3382

or fax to 919.843.9917

