

ACADEMIC REGALIA REGISTRATION

CLASS OF 1960 REUNION 50th Reunion

Last name _____ First _____ M.I./Maiden _____

Address _____

City/State/Zip code _____

Telephone _____ Email _____

HEIGHT _____ **WEIGHT** _____ **HAT SIZE** _____

Your highest degree achieved from any university or college:

Please reserve by **March 1, 2010 at NO fee;
thereafter there will be a fee of \$50.00**

Please mail back this form even if you have not made your final plans!

Howard University

Department of Alumni Relation
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Washington, DC 20059

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