



Reunion Dinner RSVP Form

I/we will attend a Reunion Dinner on Friday, March 12:

NAME: _____

GUEST: _____

CLASS YEAR: (circle)

1960	\$80 per person	Total: \$ _____
1965	\$110 per person	Total: \$ _____
1975	\$100 per person	Total: \$ _____
1980	\$100 per person	Total: \$ _____
1985	\$100 per person	Total: \$ _____
1990	\$85 per person	Total: \$ _____
1995	\$110 per person	Total: \$ _____
2000	\$55 per person	Total: \$ _____

Mail checks, payable to *Dugoni Alumni Association*, to:

The Alumni Association
2155 Webster Street, Suite 616
San Francisco, CA 94115

Or charge on a credit card: (Form can be faxed to 415-749-3377)

AmEx _____ Visa _____ MasterCard _____ Total: \$ _____

Card number: _____ Exp. date: _____

Signature: _____

Billing Address and Zip Code: _____
