



**HARVARD-RADCLIFFE CLASS OF 1973**  
**THIRTY-FIFTH REUNION-JUNE 4-8, 2008**  
**REGISTRATION FORM**



**Final Postmark/Online Registration Deadline**

**MAY 16, 2008**

**ATTENDEE INFORMATION**

MARRIED/PARTNERED CLASSMATES: Please return one form only

CLASSMATE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DAY PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
(only if you would like it available to your classmates during reunion)

CLASSMATE BADGE NAME \_\_\_\_\_ GUEST BADGE NAME \_\_\_\_\_

DID YOUR SPOUSE/GUEST ATTEND HARVARD COLLEGE? \_\_\_\_ RADCLIFFE COLLEGE? \_\_\_\_  
 IF YES, WHAT CLASS? \_\_\_\_

Please list any children who will accompany you to the reunion and their age. They will be assigned to groups by age.  
 If you are registering a child in the Rainbow or Canary Groups (ages 18mos-5years) please fill out the enclosed pink registration form. **If you are bringing your own babysitter, name:** \_\_\_\_\_

FIRST NAME	LAST NAME (if different from yours)	AGE	Vegetarian	Kosher
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**HOUSING & ACCOMODATIONS INFORMATION**

I (we) will need housing on: (please check all that apply)

- Wednesday       Thursday       Friday       Saturday

I (we) are staying at the college and will need \_\_\_\_ bed(s). (all beds are singles) I (we) will NOT need University housing

SHARED SUITES may be necessary but we will make every effort to house you with your designated party. If you prefer to share with a specific classmate, or stay in a particular house, please note that here.

\_\_\_\_\_  
 Please list any disabilities that should be considered when housing and/or transportation are arranged. Please be specific:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# 35TH REUNION FEES & EVENT ATTENDANCE

All full time and part time fees are listed on a per person basis

FULL TIME	PART TIME
Full Events Package, Classmate    \$600 x ___ people = _____ <i>(Note: Where both classmate and guest are members of the Class of 1973, only one "classmate" fee should be calculated; use "guest" fee for the second)</i> Full Events Package, Guest            \$550 x ___ people = _____ Full Event Package, Child            \$250 x ___ people = _____ Full Housing Package (4 nights)    \$160 x ___ people = _____	<b>Events</b> Wednesday PM, Adult    \$90 x ___ people = _____ Wednesday PM, Child    \$50 x ___ people = _____ Thursday, All Day, Adult \$160 x ___ people = _____ Thursday, All Day, Child \$75 x ___ people = _____ Friday, All Day, Adult    \$160 x ___ people = _____ Friday, All Day, Child    \$75 x ___ people = _____ Saturday, All Day, Adult \$175 x ___ people = _____ Saturday, All Day, Child \$80 x ___ people = _____ Afternoon ONLY, Ad.    \$40 x ___ people = _____ Afternoon ONLY, Ch.    \$20 x ___ people = _____ Sunday Brunch, Adult    \$40 x ___ people = _____ Sunday Brunch, Child    \$25 x ___ people = _____
<b>LATE FEE (if postmarked after 5/16/08)</b> <span style="margin-left: 150px;"><b>\$ 75 per group = \$75</b></span>	
<b>TOTAL</b> <span style="float: right;">\$ _____</span>	

MEAL PREFERENCES

Classmate:	<input type="checkbox"/> Kosher	<input type="checkbox"/> Vegetarian	
Guest:	<input type="checkbox"/> Kosher	<input type="checkbox"/> Vegetarian	
Child:	<input type="checkbox"/> Kosher	<input type="checkbox"/> Vegetarian	Name: _____
Child:	<input type="checkbox"/> Kosher	<input type="checkbox"/> Vegetarian	Name: _____
Child:	<input type="checkbox"/> Kosher	<input type="checkbox"/> Vegetarian	Name: _____

<b>Housing</b>	
Wednesday Night	\$45 x ___ people = _____
Thursday Night	\$45 x ___ people = _____
Friday Night	\$45 x ___ people = _____
Saturday Night	\$45 x ___ people = _____

OPTIONAL ACTIVITIES

Please rank your selections and see the "nuts and bolts" enclosure for more details

	Rank	#of people
Tour of the Lowell Bells Wednesday, June 4, 1:30-2:30 pm	_____	_____
Charles Riverboat Cruise Wednesday, June 4, 3-5pm	_____	_____
Brunello Wine Tasting Thursday, June 5, 5-6pm	_____	_____
Bordeaux Wine Tasting Friday, June 6, 5-6pm	_____	_____
Tour of SEAS Saturday, June 7, 2:30pm	_____	_____
The Unofficial Harvard Tour Saturday, June 7, 2:30pm	_____	_____

**REGISTER ONLINE AT:**  
<http://hr1973.org>

EVENT ATTENDANCE

Please indicate below how many people will attend each event:

Wednesday	Opening Dinner	_____
Thursday	Breakfast	_____
	Lunch	_____
Friday	Lobster Bake & '73 Movie	_____
	Breakfast	_____
	Radcliffe Luncheon	_____
Saturday	1973 Lunch	_____
	Dinner & 73 Cabaret	_____
	Breakfast	_____
Sunday	Lunch	_____
	Dinner Dance	_____
	Brunch	_____

CHECK OR CHARGE?

<input type="checkbox"/>	I would like to contribute to the Reunion Financial Aid Fund in the amount of	\$ _____
<input type="checkbox"/>	I have enclosed a check (payable to Harvard-Radcliffe Class of 1973) in the amount of	\$ _____
<input type="checkbox"/>	I hereby authorize the H-R 35th Reunion Office to charge my credit card in the amount of	\$ _____
<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx    ACCT #: _____    Exp. Date: _____		
_____ Cardholder's Name (please print)	_____ Cardholder's Signature	

An addressed reply envelope is enclosed. Please direct inquiries, completed registration forms and requests for financial aid to: Harvard Alumni Association, 35th Reunion Office, Attn: Michelle Grdina,  
 124 Mt. Auburn Street, 6th Floor, Cambridge, MA 02138  
 Ph: (617) 495-5301 Fax: (617) 496-4011