Class of 1950: Reunion Registration Form

Please return this completed form with payment by May 27, 2022 to:
Cornell Class of 1950 Alumni Affairs, P.O. Box 6554, Ithaca, NY 14851-6554

For Reunion Information contact: Brenda Canniff at the Office of Alumni Affairs 607-255-1916 or brenda.canniff@cornell.edu

CLASSMATE INFORMATION

[Cornell Net ID (found on mailing label)]
First                                           Last                                           Maiden (if applicable)

Please print your name as you would like it to appear on your button; we encourage inclusion of maiden name.

E-mail address

Street address
City
State                                      Zip Code

Preferred phone
Mobile phone (used only during Reunion weekend)

Vehicle license plate number (for Reunion weekend)

College

EXPECTED ARRIVAL DATE/TIME  No check-ins before 1:00 p.m. Thursday, please.

ARRIVAL DAY:  □ Thurs.  □ Fri.  □ Sat.  Time: ______________ am / pm EDT

During Reunion, your picture may be taken by a photographer and possibly used for future Cornell-related media purposes. If you do not want your image used, you are responsible for notifying the photographer at the time the photo is taken. The photographer will delete the image on the spot.

I agree to have my name listed on the class and university website as attending Reunion.  □ Yes  □ No

□ Yes, this is my first time back for Cornell Reunion.

If you or your guest have special medical or mobility needs, please contact Brenda Canniff 607-255-1916 or brenda.canniff@cornell.edu.

Emergency Information: For use during the Reunion weekend. Must list someone NOT accompanying you to Ithaca.

Emergency contact name
Preferred phone
Relationship

MEALS  Special dietary needs: please indicate for yourself and for your guests.

# _______ of Gluten-Free _______ name(s)              # _______ of Vegan _______ name(s)
# _______ of Vegetarian _______ name(s)               # _______ of Kosher _______ name(s)

□ A member of my party has a life threatening dietary restriction. Please list name and explain below: (We may not be able to accommodate all dietary requirements; please contact your Reunion representative if you have concerns).

_______________________________________________________________________________________________________________________

GUEST INFORMATION  Please print your name as you would like it to appear on your button.

Guest #1                                           Cornellian: maiden name (if applicable), class, and college
Guest Net ID

Guest #2                                           Cornellian: maiden name (if applicable), class, and college
Guest Net ID

□ I acknowledge I have read and reviewed the COVID-19 Health and Safety Guidelines and the Cornell Code of Conduct for On-campus Alumni Events (found at alumni.cornell.edu/about-us/updates-alumni-community) and I understand and agree that all members of my party are subject to this code while attending Cornell-related events, and all will follow health and safety requirements while on campus.
REGISTRATION

Please refer to the registration brochure for what is included. Prices are per person.

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<thead>
<tr>
<th></th>
<th>Early Bird Fee (by midnight EDT 5/10)</th>
<th>OR</th>
<th>Regular Fee (after 5/10)</th>
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<tbody>
<tr>
<td><strong>CLASSMATES</strong></td>
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<tr>
<td>Full Weekend</td>
<td># _____ @ $100</td>
<td># _____ @ $125</td>
<td>= $ ____________</td>
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<tr>
<td>(Thursday noon-Sunday noon)</td>
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<tr>
<td><strong>GUEST</strong></td>
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<tr>
<td>Full Weekend</td>
<td># _____ @ $240</td>
<td># _____ @ $265</td>
<td>= $ ____________</td>
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<tr>
<td>(Thursday noon-Sunday noon)</td>
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<td><strong>TOTAL REGISTRATION FEE</strong></td>
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MEALS

Please check all meals that you plan to attend and indicate your dinner entrée choice.

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<tbody>
<tr>
<td>Breakfast</td>
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<tr>
<td># _____ Continental Friday</td>
<td># _____ Continental Saturday</td>
<td># _____ Farewell Breakfast Sunday</td>
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<tr>
<td>Please choose your Thursday dinner option:</td>
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<tr>
<td># _____ Mahi-Mahi Veracruz</td>
<td># _____ Roast Bistro Chicken Chop</td>
<td># _____ Grilled Eggplant Napoleon</td>
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<td>Please choose your Friday dinner option:</td>
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<tr>
<td># _____ Vegan Butternut Squash and Chickpea Stew</td>
<td># _____ Slow Roasted Atlantic Salmon</td>
<td># _____ 10 oz NY Strip with Sauce Diane</td>
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<td>Please choose your Saturday dinner option:</td>
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<tr>
<td># _____ Seared Halibut Provencal</td>
<td># _____ Zucchini Noodles with Vegetables Pomodoro</td>
<td># _____ Filet Mignon</td>
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CU for Lunch at the Statler Terrace Restaurant  Friday and Saturday, 11:30 a.m. - 2:00 p.m. To allow you more flexibility, our class will not provide a class-specific lunch on Friday and Saturday. One option you may consider is to stay on campus and relax while grabbing a quick bite to eat at this centrally located casual eatery. The Statler Terrace Restaurant is offering a special price for an all-you-care-to-eat cafeteria-style buffet (one trip through the line), featuring tapas-style menu selections that include a variety of sandwiches, salads, side dishes, desserts, and much more. Inclusive price: $18.00 for adults; $10 for youth (4-10 years old). Lunch is free for children under 4. Kosher lunches are available for an additional charge. Payments by cash or card are accepted. Pre-registration not available for registrant or additional guests.

PAYMENT

☐ I have enclosed a check made payable to Cornell Class of 1950. Check # ____________

☐ I wish to pay by credit card; please register me and send a secure link to pay by credit card to my email address: ________________________________

☐ I wish to pay by credit card; please register me and contact me at the following phone number to coordinate credit card payment: ________________________________

Receipt of your registration will be acknowledged. Until May 27, 2022, all registrations are fully refundable. Refunds may not be processed until after Reunion weekend.

HOUSING

The Class of 1950’s Headquarters will be located in The Statler Hotel.

Classmates staying at either the Statler Hotel or Best Western University Inn, the Class will cover the cost of one night for a two-night stay, or two nights covered by the Class for a three-night stay. Guests pay for their additional room requests. Room accommodations are not made using this form. Please call the hotel directly to make reservations. Indicate where you will be staying below.

☐ I/We will be staying at The Statler Hotel. Cornell University, Ithaca, New York 14853-7001 • Telephone: 800-541-2501 • Fax: 607-257-6432
  ☐ $292 Single/Double Standard Room per night. Guests will pay the Statler Hotel directly during Reunion Weekend.

☐ I/We will be staying elsewhere. Please indicate where: ________________________________

There is a limited number of handicap/ wheelchair accessible guest rooms. Room sharing is possible. Please clearly communicate your needs to the reservation operator. If you find you cannot attend Reunion, you must cancel your reservation by 3 p.m. the day prior to arrival in order to avoid a cancellation fee.