Class of 1945: Reunion Registration Form

Register online at **www.alumni.cornell.edu/reunion** or return this completed form with payment by May 23, 2025 to: Cornell Reunion Programs, Attn: Brenda Canniff, 130 East Seneca St., Suite 400, Ithaca, NY 14850

For Reunion Information: 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.				
Street address	City	State	Zip Code	
Preferred phone	Mobile phone (used only during Reunion weekend)	Vehicle license plate number (for Reunion weekend)		
College				
responsible for notifying the photograpl	□ Sat Time: am/pm EDT ken by a photographer and possibly used for future Cornell-related media pher at the time the photo is taken. The photographer will delete the image of lass and university website as attending Reunion. □ Yes □ No ing the Reunion weekend. Must list someone NOT accompanying you	on the spot.	o not want your image used, you are is my first time back for Cornell Reunion.	
Emergency contact name	Preferred phone	Relationship		
MEALS Special dietary needs: ple	ase indicate for yourself and for your guests.			
#of Gluten-Free				
name(s)	name(s)	name(s)	name(s)	
please contact your Reunion represent	eatening dietary restriction. Please list name and explain below: (We ma ative if you have concerns). rint your name as you would like it to appear on your button.	y not be able to a	ccommodate all dietary requirements;	
 Guest	Cornellian: maiden name (if applicable), class, and college		Cornell Net ID	

Cornellian: maiden name (if applicable), class, and college

Guest

Cornell Net ID

CLASS REGISTRATION

Please refer to the registration brochure for the various packages and what is included in each option. Prices are per person.

	Early Bird Fee (by midnight 5/15 EDT)	OR Regular Fee (after 5/15)	
Adults: Classmate and First Guest Full weekend (Thursday 2:30 p.mSunday noon)	# @ \$0	# @ \$150	= \$
Additional Guest Full weekend (Thursday 2:30 p.m.–Sunday noon)	# @ \$793	# @\$818	= \$
Additional Guest Partial Weekend (Friday after breakfast-Sunday noon)	# @ \$693	# @ \$718	= \$
Additional Guest Mini Weekend (Friday after dinner-Sunday noon)	# @ \$613	# @\$638	= \$
		TOTAL REGISTRATION	FEE
Breakfast buffet: # Friday breakfast buffet Please choose your Friday lunch option:	# Saturo	day breakfast buffet	# Sunday breakfast buffet
# Ratatouille: Quinoa Croquete, # Chicken Piccata: Baby Kale, Toasted Quinoa, Dried Olives, Pine Nuts Red Peppers, Shaved Shallot, Crispy Chickpeas			
Please choose your Saturday lunch option: # Seasonal Vegetable Tart	# Dr. Ba	ker's Cornell Chicken	
Please choose your Thursday dinner option: # Grilled Mahi-Mahi with Teriyaki Gl	aze # Roast	Bistro Chicken Chop	# Beyond Meat Stuffed Pepper, Seasonal Vegetables,Roasted Fingerlings, Smoked Tomato Coulis
Please choose your Friday dinner option: # New York Strip	# Slow F	Roasted Atlantic Salmon	# Vegan Zucchini Noodles
Please choose your Saturday dinner option: # Seared Snapper with Citrus Salsa		ed Eggplant with French Lentils, granate Seeds, Tahini Vinaigrette	# Filet Mignon
HOUSING			
The Class of 1945's Headquarters will be located	ed in The Statler Hotel.		
Room accommodations are not made using t	nis form. Please call the ho	tel directly to make reservations. In	dicate where you will be staying below.
☐ I/We will be staying at The Statler Hotel. C Starting at \$315 Single/Double Standa			
☐ I/We will be staying at Best Western Ithac attend Reunion, you must cancel your res			
☐ I/We will be staying elsewhere. Please ind	icate where:		
PAYMENT			
☐ I have enclosed a check made payable to C☐ I wish to pay by credit card; please register m			

Receipt of your registration will be acknowledged. UntilMay 23, 2025, all registrations are fully refundable. Refunds may not be processed until after Reunion weekend.