

Class of 1955: 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.		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 noon 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

☐ This is my first time back for Cornell Reunion.

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 _____ # _____ of Vegan _____ # _____ of Vegetarian _____ # _____ of Kosher _____
name(s) name(s) name(s) 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	Cornellian: maiden name (if applicable), class, and college	Cornell Net ID
Guest	Cornellian: maiden name (if applicable), class, and college	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 Full weekend (Thursday 2:30 p.m.-Sunday noon)	# _____ @ \$350		# _____ @ \$375	= \$ _____
Classmate Partial weekend (Friday after breakfast-Sunday noon)	# _____ @ \$250		# _____ @ \$275	= \$ _____
Classmate Mini weekend (Friday after dinner-Sunday noon)	# _____ @ \$170		# _____ @ \$195	= \$ _____
Guest Full Weekend (Thursday 2:30 pm-Sunday noon)	# _____ @ \$680		# _____ @ \$696	= \$ _____
Guest Partial Weekend (Friday after breakfast-Sunday noon)	# _____ @ \$580		# _____ @ \$595	= \$ _____
Guest Mini Weekend (Friday after dinner-Sunday noon)	# _____ @ \$490		# _____ @ \$515	= \$ _____
			TOTAL REGISTRATION FEE	= \$ _____

Breakfast buffet:

_____ Friday breakfast buffet # _____ Saturday breakfast buffet # _____ Sunday breakfast buffet

Please choose your Friday lunch option:

_____ Seared Chicken Breast: Sliced chicken breast (light on any seasonings) served with fingerling potatoes & asparagus # _____ Seared Risotto Cakes (Matchstick vegetables, stewed fire-roasted tomatoes, capers, olives, and spices.) Vegan, GF

Please choose your Saturday lunch option:

_____ Assortment of sandwiches and salads

Please choose your Thursday dinner option:

_____ Grilled Mahi-Mahi with Teriyaki Glaze # _____ 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 Roasted Atlantic Salmon # _____ Vegan Zucchini Noodles

Please choose your Saturday dinner option:

_____ Seared Snapper with Citrus Salsa # _____ Roasted Eggplant with French Lentils, Pine Nuts, Pomegranate Seeds, Tahini Vinaigrette # _____ Filet Mignon

HOUSING

The Class of 1955's Headquarters will be located in The Statler Hotel.

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
Starting at \$315 Single/Double Standard Room per night. Guests will pay the Statler Hotel directly during Reunion Weekend.
- ☐ I/We will be staying at Best Western Ithaca, New York 14853 • Telephone: 607-272-6100 • **Starting at \$259 per room per day.** 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.
- ☐ I/We will be staying elsewhere. Please indicate where: _____

PAYMENT

- ☐ I have enclosed a check made payable to Cornell Class of 1955. 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: _____

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