

Class of 1994: Reunion Registration Form

Register online at www.alumni.cornell.edu/reunion or return this completed form with payment by May 23, 2019 to Cornell Class of 1994, Alumni Affairs, P.O. Box 6554, Ithaca, NY 14851-6554

For Reunion Information: Rosie Ferraro, Reunion Co-Chair, rf27@cornell.edu, Mary Sue Page Youn, Reunion Co-Chair, msp4@cornell.edu
Carmen Vasquez & Elizabeth Gonzalez Marcellino, Registration Co-Chairs, cornell94reunion@gmail.com

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 University Photography staff member 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. University Photography 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.

If you or your guest have special medical or mobility needs, please contact your registration chair.

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

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Child Age (as of 6/07/19) Child Age (as of 6/07/19)

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I agree on behalf of myself and my entire party to abide by the Cornell Reunion Code of Conduct (full code found at alumni.cornell.edu/reunion/conduct) Cornell University believes our community should be truly open for everyone. We are committed to providing a friendly, safe and welcoming environment for all. We expect Reunion attendees to be considerate and respectful of all people and property while on Cornell's campus.

CLASS REGISTRATION

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

	Early Bird Fee (by midnight EDT 5/10)	OR	Regular Fee (after 5/10)	
Adults:				
Full weekend (arrival Thurs. - Sun.)	# _____ @ \$250		# _____ @ \$270	= \$ _____
Partial Weekend (arrival after 11:00 a.m. Fri. - Sun.)	# _____ @ \$220		# _____ @ \$240	= \$ _____
Mini weekend (arrival after 9:00 p.m. Fri. - Sun.)	# _____ @ \$175		# _____ @ \$195	= \$ _____
Children and Young Adults:				
Infant (<1)	# _____ @ FREE		# _____ @ FREE	= \$ _____
Child 1-5 years	# _____ @ \$20		# _____ @ \$20	= \$ _____
Child 6-12 years IN Kids Club*	# _____ @ \$60		# _____ @ \$60	= \$ _____
Child 6-12 years NOT in Kids Club	# _____ @ \$75		# _____ @ \$75	= \$ _____
Youth 13-15 years IN Kids Club*	# _____ @ \$130		# _____ @ \$130	= \$ _____
Youth 13-15 years NOT in Kids Club	# _____ @ \$150		# _____ @ \$150	= \$ _____
Young Adult 16-20 years	# _____ @ \$150		# _____ @ \$150	= \$ _____

*This form does NOT enroll and/or cover fees for the Kids Club (formally known as the University Youth Program). See www.alumni.cornell.edu/reunion for more info.

Optional:

Kids Cornell T-Shirt A Cornell t-shirt is included with each child's registration submitted before May 10th. Please select a size for each child.

Select a size: # _____ Youth XS (4) # _____ YouthS (6/8) # _____ Youth M (10/12) # _____ Youth L (14/16) # _____ Youth XL (18/20) # _____ I do not want the included kids t-shirt.

Saturday Evening Class Photo (8 x 10 print) # _____ @ \$25 = \$ _____

Please note: Each classmate will receive an electronic copy of the class photo as a souvenir.

TOTAL REGISTRATION FEE = \$ _____

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: \$16.00 for adults; \$10.00 for Youth (4-10 years old). Lunch is free for children under 4. Payments by cash or card are accepted. Pre-registration not available.

HOUSING

The university residence hall charge is \$67/adult per night, or save \$44 by staying all 3 nights at a total cost of \$157/adult. Children's rates are \$35/child per night (age 12 and under) or save \$32 for all 3 nights at a total cost of \$67/child. There is no charge for children who do not need a bed (sleep in porta-crib, on the floor, etc.) and stay in a parent's room. The Class of 1994 headquarters will be located on North Campus at Court/Kay/Bauer Hall. (Residence halls are non-smoking.)

I/We will be staying off-campus. Please indicate where: _____

<input type="checkbox"/> I/We will be staying on campus.	Total number of adults	_____	X	\$157.00 for all 3 nights	= \$ _____
	OR Total number of adults	_____	X	Total nights _____ X \$67.00 per night	= \$ _____
	AND Total number of children	_____	X	\$67.00 for all 3 nights	= \$ _____
	OR Total number of children	_____	X	Total nights _____ X \$35.00 per night	= \$ _____
				TOTAL CLASS HOUSING FEE	= \$ _____

If you have a mobility impairment that requires a special housing assignment (near entrance, first floor, etc.), please explain below. Special housing assignments can only be made if registration forms are postmarked by 5/23/19.

Special housing requests: _____

PAYMENT

If you are paying with a credit card, please consider using our secure online system to register.

Subtotal for class registration (from above)	= \$ _____
Subtotal for housing (from above)	= \$ _____
TOTAL AMOUNT DUE	= \$ _____

I have enclosed a check made payable to Cornell Class of 1994. Check # _____

I am using my Visa / MasterCard / Discover / American Express (circle one). Credit Card # _____ Expiration Date _____

Name as it appears on your credit card _____ Signature/Date _____

Receipt of your registration will be acknowledged.

Until May 23, 2019, all registrations are fully refundable. Refunds may not be processed until after Reunion weekend.