



Reunion Dinner RSVP Form

I/we will attend a Reunion Dinner on Friday, March 20:

NAME: _____

GUEST: _____

CLASS YEAR: (circle)

1959	\$100 per person	Total: \$ _____
1969	\$100 per person	Total: \$ _____
1974A	\$110 per person	Total: \$ _____
1979	\$100 per person	Total: \$ _____
1984	\$100 per person	Total: \$ _____
1989	\$110 per person	Total: \$ _____
1999	\$110 per person	Total: \$ _____

Mail checks, payable to *Pacific Dental Alumni Association*, to:
The Alumni Association
2155 Webster Street, Suite 616
San Francisco, CA 94115

Or charge on a credit card: (Form can be faxed to 415-749-3377)

AmEx _____ Visa _____ MasterCard _____ Total: \$ _____

Card number: _____ Exp. date: _____

Signature: _____

Billing Address and Zip Code: _____
