

REGISTRATION

Name _____ Pitt Class Year(s) _____

Guest Name(s) _____ Pitt Class Year(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Register for **“Updates in Clinical Dentistry”** at dental.pitt.edu/continuing-education or call 412-648-8370.

For all other courses and events please mail your registration card along with payment to Nancy Poe at the address below or call 412-648-8910.

Friday, September 15

Dental Hygiene Enhancements

Attending Event Fee Total

_____ _____

50 Year Class Reunion Luncheon

_____ \$40 (per person)

*Please indicate which option you (and your guest) would like.

_____ Fish _____ Chicken

Golden Alumni Luncheon

_____ \$40 (per person)

*Please indicate which option you (and your guest) would like.

_____ Fish _____ Chicken

Saturday, September 16

Please indicate if you're interested in attending the Pitt vs. Oklahoma football game tailgate. Details to follow. _____ Yes, I'm interested. _____ No, thank you, maybe next time.

Payment

Enclosed is a check for \$ _____ made payable to the "University of Pittsburgh"

Please charge \$ _____ to: Visa Mastercard Discover

Card Holder Name: _____

Card # _____ Exp. _____