

Homecoming 2015

Registration Form

Alumni Association members pay only **\$300!**



Includes 15 classroom CME hours, 5 online CME hours and all planned meals!

Must be an Alumni Association member to qualify.

Register online at: www.nuhs.edu/Homecoming2015

Non Alumni Association Member Fee: \$450

1. Please select the days that you will be attending class: ☐ Thursday ☐ Friday ☐ Saturday

Are you bringing a guest?

| | Thursday | Friday | Saturday |
|--|----------|--------|----------|
| 2. Guest (attending meals only – no CME) | \$30 | \$30 | \$80 |

attending Thurs. Cook-out: _____ # attending Fri. Luncheon: _____ # attending Sat. Luncheon: _____

attending Saturday Night Banquet Dinner and Gala: _____

Dinner Selection: Filet & Chicken Breast Combination _____ Herb Crusted Corvina _____ Vegetarian _____

3. DoubleTree Chicago – Oak Brook Hotel Room Reservations

1909 Spring Road, Oak Brook, IL 60523

Please Circle Required Room Nights. **Hotel Rooms are Non-Refundable**

| Wednesday | Thursday | Friday | Saturday |
|-----------|----------|--------|----------|
| \$75 | \$75 | \$75 | \$75 |

PAYMENT OPTIONS

Make checks payable to
National University of Health Sciences.
American Express, VISA, MasterCard
and Discover are also accepted.

Card#

Exp. Date

Today's Date

Signature

Alumni Association Dues

Amount

Fee Amount

| | | |
|--|------|-----|
| 4. General Member | \$80 | \$ |
| Retired Member -or- (2013 NUHS graduate) | \$35 | \$ |
| Courtesy Member (2014 NUHS graduate) | N/C | N/C |

5. Grand Total: \$ _____

PLEASE PRINT OR TYPE

Please select: Dr. / Mr. / Ms. / Mrs.

Year of Graduation _____

Your Name _____ Spouse/Guest Name _____

Primary Address _____
(To be shown on NUHS website for Doctor/Patient Referral)

City _____ State/Province _____ Zip Code _____

Phone _____ E-mail Address _____

(for CME use) License # _____ State _____ License # _____ State _____

Please fill out the registration form and send with payment to:

NUHS Alumni Office • 200 E. Roosevelt Road • Lombard, IL 60148

Questions? Call us at 630-889-6702 or e-mail: lnelson@nuhs.edu

☐ Please check here to exclude your name from lists occasionally provided to approved vendors and organizations.

Please see other side →