REUNION REPORT QUESTIONNAIRE

SUBMISSION DEADLINE: DECEMBER 1, 2017
All information will be printed as entered. Please print legibly and proof your entry. If you have any questions, please call 617-384-8520. Save time and ensure accuracy by submitting online at http://hms2017b.reuniontechnologies.com/

☐ Yes, I would like to help defray the cost of this publication with a voluntary payment of $55. Enclosed is my check payable to Harvard Medical School.

Name: ________________________________________________
  prefix  first name  middle name  last name  suffix
Nickname: ____________________________________________ Society: ____________________________
HMS Degree: ___________ Year: ___________ HSDM Degree: ___________ Year: ___________
Date of Birth (mm/dd/year): ___________________________ Gender: ____________________________

CONTACT INFORMATION

Home Address:
  ☐ Use as my preferred mailing address
Street: ______________________________________________
City: ___________________________ State: _______________ Zip Code: ________________
Country or Territory: __________________________________________
Home Phone: ___________________________ - _____________ Cellphone: ___________________________
  area/country code  number  area/country code  number
Personal Email: ________________________________________ ☐ Use as my preferred email

Seasonal Address:
Dates From: ___________________________ To: ___________________________
Street: ______________________________________________
City: ___________________________ State: _______________ Zip Code: ________________
Country or Territory: ___________________________ Seasonal Phone: ___________________________
  area/country code  number
PROFESSIONAL INFORMATION

Job Status: (circle one)

full time, part time, self-employed, semi-retired, retired, temporary/term, unemployed, other: ________________
If retired or unemployed, skip to “Briefly describe your research area(s) of interest” below

Work Address: □ Use as my preferred mailing address

Title: ____________________________

Employer: ____________________________

Office Address: ____________________________

City: ____________________________ State: ____________ Zip Code: ________________

Country or Territory: ________________ Business Phone: ____________ - ____________

area/country code number

Business Email: ____________________________ □ Use as my preferred email
Other than your post.harvard email address

Briefly describe your current research and/or health-related area(s) of interest:
Please separate interests by semicolon

__________________________________________________________________________________

__________________________________________________________________________________

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__________________________________________________________________________________

List your current professional appointments, memberships, and activities:
Please list in the following format: Title, Organization; Title, Organization;

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

List your current civic, community, and volunteer activities:
Please separate activities by semicolon

__________________________________________________________________________________

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__________________________________________________________________________________
FAMILY

Marital Status: (circle one)

single, married, committed partner, separated, divorced, widowed

Spouse:
Name:

prefix first name middle name last name suffix

Gender: __________ Is he/she a Harvard/HMS/HSDM alumna/us? (circle one) Yes No

Spouse/Partner Title: ________________________________

Spouse/Partner Employer: ________________________________

Children:
List additional children on a separate sheet

first name last name year of birth

first name last name year of birth

first name last name year of birth

What are your children doing?
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Grandchildren:
List additional grandchildren on a separate sheet

first name last name year of birth

first name last name year of birth

first name last name year of birth

What are your grandchildren doing? ________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
PHOTOS
You may submit up to two photos to be included in your Reunion Report. Please choose photos that are sharp, in focus, well framed, and with good exposure and contrast. Scan at 100% with resolution set at 300 dpi. All photos should be at least 600 x 600 pixels.

Submit photos by:
☐ Sending your photo(s) as an attachment to hmsalum@hms.harvard.edu with your name, class year, and caption(s) noted
☐ Including your printed photo(s) with this questionnaire. Please label the backside of each photo with name, class year, and caption(s). Please note: printed photos will not be returned

ESSAY
Preferred format for essay submission is a typed document. You may continue your essay on an additional sheet.

Use the essay to update your story since the last time you saw your fellow alumni. Share your reflections on the past, the present, and the future with your classmates. The section will begin with Dear Classmates:

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
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THANK YOU FOR YOUR PARTICIPATION

TO SUBMIT YOUR REPORT:
By Mail: Reunion Report
Office of Alumni Engagement
Harvard Medical School
401 Park Drive, Suite 505
Boston, MA 02215

By Email: hmsalum@hms.harvard.edu

By Fax: 617-384-8488