CLASS OF 1988 REGISTRATION FORM

First Name or Nickname (to appear on nametag): ____________________________________________

Last Name (to appear on nametag): ______________________________________________________

Last Name at Graduation (if different than above): _______________________________________

Phone Number (circle one: home/cell): __________________________

Email Address: __________________________

Home City: ___________________________ Home State: ___________________________

Degree (check one): ☐ HMS ☐ HSDM Year: ___________________________

Guest First and Last Name (to appear on nametag): ______________________________________

If your guest is an HMS/HSDM graduate, please indicate their class year and degree: ______
If you have more than one guest, please list them on the last page.

Please check below if you have an ADA-administered accessible parking permit and require an accessible parking space
Requests will be applied to all Reunion events.
☐ Yes, I have an ADA-administered accessible parking permit and require a designated space on campus

Please indicate any dietary restrictions for you and your guest(s).
Requests will be applied to all Reunion events. Please note name next to the restriction.
☐ Vegetarian ☐ Gluten-Free
☐ Vegan ☐ Dairy-Free
☐ Pescatarian ☐ Nut Allergy
☐ Kosher

Reunion registration closes on Wednesday, May 23. Mail this form with your check, payable to Harvard Medical School, to the HMS Office of Alumni Affairs and Development, 401 Park Drive, Suite 505, Boston, MA 02215. To register online, visit hms.harvard.edu/1988 to access the secure link (HarvardKey required).

Questions? Contact your staff liaison, Elizabeth Chan, at 617-384-8441 or elizabeth.chan@hms.harvard.edu.
**REGISTRATION FEE**

The registration fee covers alumnus/a and all guests

<table>
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<th># Attending</th>
<th>x Fee</th>
<th>= Total</th>
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<td>$90</td>
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**THURSDAY, MAY 31**

Discounted All-day Parking
HMS Quad Parking Garage, 200 Longwood Ave.
Advance registration is required.
5 minute walk from Reunion events

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<th>$15 per day</th>
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8:30–9:30 a.m.
Continental Breakfast

9:30 a.m.–Noon
25th Reunion Symposium – Part I
*Medicine 2.0: The Fourth Aim, Finding Joy*

Noon–1:30 p.m. *(select one)*

- General Lunch
- Lunch Seminar
*How Much is Enough: For Us, Our Family, and Charity?*

1:30–4 p.m. *(select one)*

- Scientific Symposium
*Discovery at HMS: Regenerative Biology*
- 25th Reunion Symposium – Part II
*Medicine 2.0: The Fourth Aim, Finding Joy*

6 p.m. *(select one)*

- Reunion Gala Reception and Class of 1988 Dinner
Four Seasons Hotel, Boston
- Reunion Gala Reception only

8 x 10 class photo *(taken at Gala)*

Page Sub Total: $
## FRIDAY, JUNE 1

### Discounted All-day Parking
- HMS Quad Parking Garage, 200 Longwood Ave.
- Advance registration is required.
- *5 minute walk from Reunion events*

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<th>Time</th>
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</table>
| 8:30–9:30 a.m. | (select one)  
- [ ] HMS Continental Breakfast  
- [ ] HSDM Continental Breakfast |

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<th>Time</th>
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| 9:30–10 a.m. | (select one)  
- [ ] HMS Annual Business Meeting  
  *Harvard Medical Alumni Association*  
- [ ] HSDM Annual Business Meeting  
  *Harvard Dental Alumni Association* |

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<tr>
<th>Time</th>
<th>Event</th>
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| 10:15–11:45 a.m. | (select one)  
- [ ] HMS Alumni Day Symposium  
  *Advances in Medicine: It Takes a Biomedical Village*  
- [ ] HSDM Alumni Day Symposium  
  *Oral Health on a Global Scale* |

### Noon–12:30 p.m. (select one)
- [ ] HMS State of the School Address  
  *Dean George Q. Daley, AB ’82, MD ’91, PhD*  
- [ ] HSDM State of the School Address  
  *Dean Bruce Donoff, DMD ’67, MD ’73*  
- Covered by registration fee

### 12:30–2 p.m. (select one)
- [ ] Class of 1988 Lunch
- [ ] HSDM Lunch

### 2–3 p.m. (select one)
- [ ] HMS Campus Tour
- [ ] HSDM Campus Tour

### 3–5 p.m.
**Underrepresented in Medicine Gathering**
- Light reception with students in partnership with the Office of Recruitment and Multicultural Affairs

### 6 p.m.
**Class of 1988 Gathering**
- Doretta Taverna & Raw Bar
- $105 per person

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`Page Sub-Total: $ ____________`
**SATURDAY, JUNE 2**

Noon–2 p.m.

**Reunion Family Picnic**  
Charles River Canoe & Kayak – Boston, Allston/Brighton

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**OPTIONAL**

**Reunion Report Voluntary Payment**  
$55

Page Sub-Total: $______________  
**TOTAL ENCLOSED (sum of all Page Sub-Totals)** $______________

**Reunion Class Gift**

If you would like to support your class gift, please enclose a separate check made payable to “Harvard Medical School”. If you have already made your gift this year, thank you!

Mail this form with your check, payable to *Harvard Medical School*, to the HMS Office of Alumni Affairs and Development, 401 Park Drive, Suite 505, Boston, MA 02215.

*List additional guests from page one below.*

_______________________________________________________________________

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*List additional guests from page one below.*