

2007 Biennial NYOH Alumni Meeting Registration form

Name:

Scientific Meeting Location: Faculty Club, 630 West 168th Street, 4th Floor, New York, NY 10032
Registration Fee: \$200.00 *single*; \$300.00 *includes guest* (dinner dance included in fee)
Annual Dues: \$100.00 (not included in registration fee)
Make both checks payable to: NYOH Alumni Association

FRIDAY, APRIL 20, 2007

7 a.m. – 5 p.m. **Scientific Meeting**
 Will attend guest/spouse
 Will not attend

5 p.m. - 7 p.m. **Reception / Cocktails**
 Will attend guest/spouse
 Will not attend

SATURDAY, APRIL 21, 2007

7 a.m. – 12 p.m. **Scientific Meeting**
 Will attend guest/spouse
 Will not attend

7 p.m. - 12 a.m. **Banquet Dinner (Black Tie)**
 Will attend guest/spouse
 Will not attend

Please make all checks payable to the New York Orthopaedic Hospital Alumni and send it to Tamika Lynch at: 622 West 168th Street, PH11-1130, New York, NY 10032. **Please make sure to write your name somewhere on the check so we can give you due credit.**