

# Black Alumnae Conference Registration Form

Deadline: October 31

## 1 Alumna Information

Fields marked with \* are required to process payment.

Name\* \_\_\_\_\_  
                    **first**                                      **nickname**                                      **undergraduate last**                                      **current last**

Address\* \_\_\_\_\_  
                    **street**                                      **city/province**                                      **state/country**                                      **zip**

Phone\* \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Preferred Email\* \_\_\_\_\_

## 2 Guest(s)

Guest's Name \_\_\_\_\_  
                                    **first**                                      **nickname**                                      **last**                                      **relationship to alumna**

Guest's Name \_\_\_\_\_  
                                    **first**                                      **nickname**                                      **last**                                      **relationship to alumna**

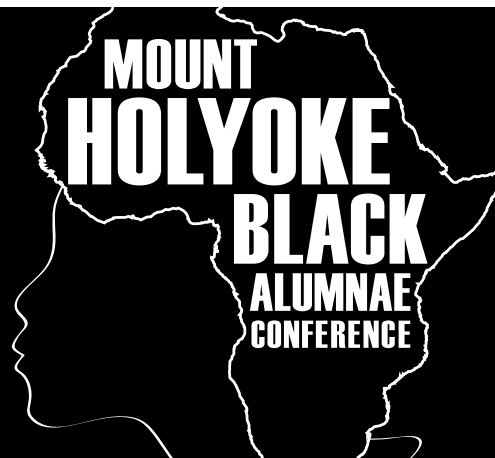
**Special Needs:** If you or your guest(s) have any disabilities please detail below. Such needs may be related to a mobility or hearing impairment. We do not provide wheelchairs or other medical equipment.

\_\_\_\_\_

**Dietary Restrictions:** If you or your guest(s) have a food allergy, religious restriction, or need to follow a special diet such as vegan or vegetarian, please detail it here.

\_\_\_\_\_

(Continued on reverse for registration packages)



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### 3 Registration Options for Alumna & Guests

**REGISTER BELOW FOR YOURSELF AND ALL YOUR GUESTS**

**Packages cannot be prorated.** Please note that packages do not include housing.

**ALUMNAE PACKAGE**

**Includes:** Friday dinner, Saturday breakfast, Saturday lunch, Saturday dinner, Sunday brunch and programming Friday through Sunday.

**Alumna Early Bird—must reserve by September 30**

Classes 2007 and earlier \$200.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
Number attending

**Alumna**

Classes 2007 and earlier \$250.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
Number attending

**Young Alumna**

Classes 2008–2012 \$200.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
Number attending

**Recent Alumna**

Classes 2013–2018 \$150.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
Number attending

**SUBTOTAL**      \$ \_\_\_\_\_

**GUEST PACKAGE**

**Includes:** Friday dinner, Saturday breakfast, Saturday lunch, Saturday dinner, Sunday brunch and programming Friday through Sunday.

**Guest**

21 years of age and over \$175.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
Number attending

**Children**

13–20 years of age \$75.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
Number attending

**Children**

6–12 years of age \$50.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
Number attending

**Children**

0–5 years of age \$0.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
Number attending

**SUBTOTAL**      \$ \_\_\_\_\_

### Registration Totals

**Subtotal:**  
**Alumnae Package**                      \$ \_\_\_\_\_

**Subtotal:**  
**Guest Package(s)**                      \$ \_\_\_\_\_

**TOTAL**                      \$ \_\_\_\_\_

**Please send form and payment (postmarked by October 31) to:**

**Luisa Tavares  
 Alumnae Association of  
 Mount Holyoke College  
 50 College Street  
 South Hadley, MA 01075-1486**

**We recommend that you keep a copy of this registration form for your records. If you do not receive an email confirmation by November 5, please contact us.**

**Any questions?  
 Please call 413-538-2201**

### 4 Payment

Please charge \$ \_\_\_\_\_ to my  Visa  MasterCard  Discover  Amex

Name as it appears on card (please print) \_\_\_\_\_

Account No. \_\_\_\_\_ Exp. date \_\_\_\_\_

CVN Number (3 digits located on back of card) \_\_\_\_\_ Billing address if different from Section 1 \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

I understand that by signing above I am authorizing the Alumnae Association to charge my credit card for the selections I have made.