

Manhattan School of Music 2009 Alumni Reunion: Friday, October 16

3:30 PM Campus Tour
5:00 PM Alumni Homecoming Reception / Distinguished Alumni Awards Presentation
7:30 PM MSM Symphony Concert

REGISTRATION / PAYMENT FORM

Campus Tour

Total number of attendees: _____

Alumni Reception / Awards Presentation

Total number of attendees: _____

Fees (Pay-what-you-will; suggested minimum \$25 per person) = \$ _____

MSM Symphony Concert

Total number of tickets: _____ x \$10 ea. = \$ _____

Preferred Seating: Balcony Orchestra Level

Donation to the Scholarship Fund (optional) *

Note: Donations (not Fees/Tickets) are tax-deductible to the fullest extent allowable by law. = \$ _____

Total Amount Enclosed \$ _____

Name: _____

Address: _____

City / State / Zip: _____

Phone: _____ E-mail Address: _____

MSM Class Year / Major: _____

Name as you wish it on your nametag: _____

Guest's Name(s): _____

(if applicable) Guest's MSM Class Year / Major: _____

Enclosed is my check (payable to "Manhattan School of Music")

Please charge my credit card: AmEx Mastercard Visa

Card Number: _____

Expiration Date: _____ Signature: _____

Registration Deadline: October 2. We're sorry, no refunds.
Thank you! We look forward to seeing you on October 16.

Please return this completed form to:
Office of Alumni Affairs ATTN: REUNION
Manhattan School of Music
120 Claremont Avenue
New York NY 10027

FAX: 212-749-7561

website form: 09/15/09 v.3