



University of Toronto Medical Class 1967 Reunion 2017

June 3-4 2017

[www.medclass67.com](http://www.medclass67.com)

Surname \_\_\_\_\_ First \_\_\_\_\_  
Spouse/Friend (Leave Blank If Same as Yours)

Surname \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Web \_\_\_\_\_

	One Person	Two People
I Plan To Attend Saturday Reception/Dinner	_____	_____
I Plan To Attend Sunday AM CME Brunch	_____	_____
I Require Vegetarian Dinner	_____	_____
I Require Fish Dinner Alternative	_____	_____

**Insert this sheet and your cheque for \$350/300 USD (couple) or \$175/150 USD (single)  
Into the self-addressed envelope**