

**SCHOOL OF ALLIED MEDICAL PROFESSIONS
2008 ALUMNI REUNION WEEKEND
BUCKS, BRUNCH, AND BREW
REGISTRATION FORM**

Name: _____

Mailing address: _____

(city) _____ (state) _____ (zip code) _____

Daytime telephone number: _____

E-mail Address: _____

(please print legibly; be sure any underlining and spacing are clear)

Division/Program: _____ Graduation Year: _____

Check each item to confirm that you are eligible for football tickets:

I am a member of the Ohio State University Alumni Society

I am a member of the SAMP Alumni Society, or I plan to include my dues below.

Number of football and barbeque tickets: _____ @ \$93.00 each
Limit 2

Number attending barbeque alone: _____ @ \$30.00 each

SAMP Alumni Society dues _____ @ \$20.00 each alum

Total: _____

Please return this registration form, along with your check, payable to
SAMP Alumni Society.

Mail to: Brad Locke, SAMP Alumni Society Treasurer
c/o SAMP Office of Student Affairs
127 Atwell Hall
453 West 10th Avenue
Columbus, Ohio 43210-1234

Questions can be answered in person in Room 127 Atwell Hall, by telephone at 614-292-1706 or by email at [sampilumnisociety@osumc.edu](mailto:sampalumnisociety@osumc.edu).