



ALUMNI COUNCIL REGISTRATION FORM

September 11-13, 2009

Please complete all information and return this form by Friday, August 14, even if you cannot attend the weekend. Thank you!

Name (first) (last) (name while at Oberlin) Class

Home Address Employer

City Title

State Zip Work Address

Home Phone Cell Phone City

Home Fax State Zip

Home E-mail Work Phone Work Fax

Work E-mail

I plan to attend the council weekend: YES NO

Please fill out above information and return this form to the Alumni Office even if you cannot attend.

I am an experienced member who is willing to serve as a Council Mentor: YES NO

I am a newer volunteer and would like to have a Council Mentor assigned to me: YES NO

I'm willing to be contacted by Oberlin students for career advice: YES NO

I am a(n) (check all that apply):

- Admissions Coordinator, Executive Board Member, Gift Committee Member, Alumni-Elected Trustee, Conservatory Cluster Agent, Regional Coordinator, Career Services Liaison, Alumni Assoc. Past President, Class President, Reunion Planner, Class Agent

Alumni Council Committee Member:

- Admissions Advisory, Awards, Career Services, Communications, Conservatory, Development, Nominations, Trustee Search

Affiliate Group Representative:

- OAAAA, OAPAAA, OCAA, OCABA, OCUPAA, OLA, E (EnviroAlums)

Other Groups:

- Heisman Club Board Member

(OVER, PLEASE)

OFFICE USE ONLY: ID#

NAME

LAST

FIRST

FOR OFFICE USE ONLY
Entered Information Checked Confirmed Participant List
Name Tag Folder Label Development Office Admissions Office

NAME _____

CLASS YEAR _____

ROOM ACCOMMODATIONS: Please reserve a room at the Oberlin Inn for:

Thursday, Sept. 10 Friday, Sept. 11 Saturday, Sept. 12 Sunday, Sept. 13

SMOKING NON-SMOKING (This special request is not guaranteed and will be honored depending on availability at check-in)

I will share a room with another Council member (**separate beds**): _____
(if no name indicated, you will be assigned a roommate)

I will bring my spouse/partner (**King bed only**)

I do not need a room reservation. **Please return this form even if you have made other housing arrangements or live nearby.**

No room payment is necessary at this time. **Plan to pay your room bill when you check out and include it when you list your expenses on your Statement of Expenses form.** A credit card # is required to guarantee your room.

Type of Credit Card _____ CC# _____

Expiration Date _____ Signature Panel Code _____ (3 digit number on the back of your card following, the last 4 digits of your account number).

Upon receipt of your registration form, the Alumni Office will send you an email or a confirmation letter. **As usual there will be too few rooms at the Oberlin Inn to meet our complete needs, especially single rooms.** All reservations will be handled on a first-come, first-served basis. We appreciate your understanding and cooperation. Enclosed is an area motel and B & B list should you chose to stay off campus. Since there is no public transportation to and from the motels to Oberlin, a rental car may be necessary.

MEALS/TICKETS

Please indicate the meals and tickets needed, including those for spouses/partners who are attending.

<input type="checkbox"/> Thursday Reunion Planning Lunch (Class of 1960) # _____	<input type="checkbox"/> Saturday Reunion Planning Luncheon (Class of 1985) # _____
<input type="checkbox"/> Friday Reunion Gift Planning Breakfast (Class of 1960) # _____	<input type="checkbox"/> Saturday Alumni-Student Exchange Networking Picnic # _____
<input type="checkbox"/> Friday Breakfast for New Executive Board Members # _____	<input type="checkbox"/> Saturday Reunion Planning Dinner (Classes of 1999, 2000, 2001) # _____
<input type="checkbox"/> Friday Lunch - Orientation for New Council Members # _____	<input type="checkbox"/> Saturday Reunion Planning Dinner (Classes of 1949, 1950, 1951) # _____
<input type="checkbox"/> Saturday Breakfast Meeting (Exec Board) # _____	<input type="checkbox"/> Sunday Breakfast Buffet (everyone) # _____
<input type="checkbox"/> Saturday Breakfast Buffet (everyone) # _____	<input type="checkbox"/> Sunday Luncheon (current, new, and retiring Executive Board Members) # _____
<input type="checkbox"/> Saturday Luncheon (MRC Affiliate Groups) # _____	<input type="checkbox"/> Tickets for 2 p.m. Litoff Building Tour (limited to 30 people on tour) # _____
<input type="checkbox"/> Saturday Reunion Planning Luncheon (Classes of 1979, 1980, 1981) # _____	<input type="checkbox"/> Tickets for 3 p.m. Litoff Building Tour (limited to 30 people on tour) # _____
<input type="checkbox"/> Saturday Reunion Planning Luncheon (Classes of 1964, 1965, 1966) # _____	<input type="checkbox"/> Tickets for Convocation with Ed Helms '96 (limit two per person) # _____

Please indicate whether you need a vegetarian/vegan meal and the # _____ You can only receive a vegetarian/vegan meal if you present the server with a special ticket.

Please indicate whether you will need Internet access while on campus: ___ YES ___ NO

Send or FAX this form to the Alumni Office, 50 W Lorain St, Oberlin, OH 44074; Fax: 440.775.6748 by **Friday, August 14, 2009**. If you have questions, call the Alumni Office, 800.693.3167, ext 1 or email Kim.Kosonovich@oberlin.edu.