



St. John / Assumption Reunion and Professional Development

October 17-19, 2017

Name: _____ Date of Ordination: ____ / ____ / ____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Enclose appropriate fee with annual alumni dues.....\$ 50

- Check which applies: Reunion and Professional Development \$100
 Room accommodation at Flores Hall\$ 50
 Oblate School of Theology Alumni Receptionfree
 No, regretfully, I will not be attending

Total Enclosed: \$ _____

Payable to: *St. John / Assumption Alumni Association*

Bill my credit card: MC/Visa/AmEx

Credit card number: _____ exp. date: _____

Signature: _____