



**Personal Information**

First Name	Last Name	Mr. / Ms. / Mrs.	
Company/Organization Name	Job Title/Position	Industry	
Address	City	State	Postal Code
Phone	Email Address (REQUIRED)		

**Registration Information**

How did you learn about the Reunion?

Classmate     Email: IBEAR     Social Media     Web Search     Other \_\_\_\_\_

Please indicate your IBEAR Class Number or Year of Graduation.

IBEAR Class Number \_\_\_\_\_  
(Required if alumni)

Year of Graduation \_\_\_\_\_

**Event Fee**

Registration Type/Pricing	Standard	Quantity	Names of Guests
<b><i>Deadline</i></b>	<b><i>07/07/2017</i></b>		
<b>Two-day Adult</b>	<input type="checkbox"/> \$225		
<b>July 13 Only (Adult)</b>	<input type="checkbox"/> \$115		
<b>July 14 Only (Adult)</b>	<input type="checkbox"/> \$115		
<b>Two-day Children (Note: no charge for under 13)</b>	<input type="checkbox"/> \$50		
<b>One-day Children (Note: no charge for under 13)</b>	<input type="checkbox"/> \$35		

**Payment Information**

Card No.

Cardholder's Name \_\_\_\_\_

Exp. Date

Security Code

Amount \_\_\_\_\_

VISA                       MasterCard  
 AMEX

Check Payment  
Make check payable to:  
*University of Southern California*

**Return form via fax 213-740-8538**