

Class of 1960 Boston Mini Reunion
May 10th-12th, 2007

Name: _____ Guest Name: _____

Address: _____

Email*: _____ Telephone: _____

*Please provide email address as we are planning to send all subsequent communications via email.

Registration Options – please indicate the number of persons registering for each option.

Friday – Saturday _____ persons x \$285 = _____

Thursday – Saturday _____ persons x \$375 = _____

I have enclosed a check made payable to Yale Boston Mini Reunion in the amount of \$_____

Please mail this form and full payment to Bob Ackerman
274 Beacon Street
Boston, MA 02116