

**LAW SCHOOL REUNION AND
HOMECOMING WEEKEND
NOVEMBER 2009**

Name: _____
(Please print your name as you wish it to appear on a name badge)

Law Firm/Company: _____

Email Address: _____

Daytime Phone: _____

I will be attending:

61st Annual "Morning Spirits" & Homecoming Breakfast on Saturday, November 7, 2009

Member(s) of the Judiciary	_____	@ 1 Complimentary ticket per member
Elected Official(s)	_____	@ 1 Complimentary ticket per member
Dean's Circle Member(s)	_____	@ 1 Complimentary ticket per member
Reunion Class Member(s)	_____	@ 1 Complimentary ticket per member
Alumni, Friends and Other Guests	_____	@ \$20 per person (\$25 at door)

Name of Guest(s): _____

Method of Payment:

Make your check payable to the **University of Miami School of Law** and mail it to:
Office of Law Development and Alumni Relations
P.O.Box 248087
Coral Gables, Florida 33124-8087

For credit card payment, complete the information below and mail or fax to (305) 284-3968.
You may also RSVP to alumni@law.miami.edu.
Please reply by November 4, 2009.

Credit Card Type: VISA MasterCard American Express

Card Number: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Signature: _____