

**THE DEPARTMENT OF AFRICANA STUDIES
40TH ANNIVERSARY ALUMNI REUNION
at the University at Albany (SUNY)**

Thursday, September 24th through Saturday, September 26th, 2009

Pre-Registration/Registration Form

(Please Print) Name: _____ Title: _____

Address: _____

City/State/Zip Code: _____

Institution/Organization Affiliation: _____

Business Telephone: _____ Home Phone: _____

Email Address: _____

Bachelor's Degree: _____ Year Rec'd: _____ Master's Degree: _____ Year Rec'd: _____

1. **Conference Prices (prices include meals, Dinner/Gala, and other reunion activities).**

Please circle option (a) or (b) below and submit this form and your payment to:

**Dr. Marcia Sutherland
Chair, Department of Africana Studies
BA 115, UAlbany
1400 Washington Avenue
Albany, NY 12222
Phone: (518) 442-4730
Email: ms781@albany.edu**

(a) **Pre-Registration Price - \$85.00 from February 2nd to June 30th**
_____ (indicate how many people plan to attend)

(b) **Registration Price - \$100.00 from July 1st to August 21st**
_____ (indicate how many people plan to attend)

2. **Please indicate the days you plan to attend the Reunion.**

Thursday__ Friday__ Saturday(Dinner/Gala) __ Dinner/Gala only \$75.00__

**Method of Payment: Please make check payable to: The University at Albany Foundation.
Please use the check memo space to instruct that your contribution be restricted to: The Department of Africana Studies.**

Check #: _____ Amount: _____