CHRISTUS SPOHN Health System
EMERGENCY MEDICINE RESIDENCY

10 YEAR ANNIVERSARY AND ALUMNI REUNION EVENT

ALUMNI EVENT RESERVATION ORDER

ALUMNI NAME: _____ PHONE: _____

MAILING ADDRESS: _____

SPOUSE NAME: _____ EMAIL: _____

HOTEL ROOMS HAVE BEEN NEGOTIATED AT $89/NIGHT. RESERVATIONS SHOULD BE MADE BY CALLING 361-589-4220.
EACH GUEST STAYING OVERNIGHT MAY PURCHASE A BREAKFAST BUFFET IN THE MAIN RESTAURANT FOR $7.99+. SCHLITTERBAHN WILL GIVE CHRISTUS EVENT ATTENDEES AND THEIR FAMILIES A 15% DISCOUNT OFF THE SCHLITTERBAHN WATERPARK ENTRANCE FEE. EVENT

FRIDAY, JULY 29, 2016		# Attending	Total
ALUMNI REGISTRATION FOR ALL EVENTS FOR FRIDAY AND SATURDAY			$50.00
7:00am—Continental Breakfast/Registration for CME Event	Alumni only—included		-
8:00-1:00pm– EMERGENCY MEDICINE CME EVENT (includes 1 break)	Alumni only—included		-
1:00-2:30pm— Get Reacquainted Luncheon	Alumni only –included		-
5:00pm—Dinner at local Island Restaurant– ON YOUR OWN	Reserve space for me and my family (pay for yourself & family)		
7:00-9:30pm- Beach Marshmallow roast & bonfire	no charge (please enter # attending—Families invited)		

SATURDAY, JULY 30, 2015

Cocktail Reception/Banquet Dinner - 5:30p.m.

ALUMNI_____**INCLUDED IN REGISTRATION FEE**

Additional People (spouse, significant other, etc.)— # Adults_____ @ $35.00 = _____

(Ages 0-12) # Children_____ @ $15.00 = _____

PLEASE LIST ALL GUEST NAMES ATTENDING WITH YOU (INCLUDE CHILDREN) :

The following events are open to all residents/alumni and their family members (EVENT BRACELET MUST BE WORN FOR DISCOUNTS AND ACCESS TO EVENTS)

Discounted Schlitterbahn Park, Friday evening Dinner at a local Island restaurant (Dutch), Friday evening Beach Marshmallow roast and bonfire, Saturday evening reception and banquet with fee paid.

REUNION GIVING

An important aspect of our alumni reunion is giving back. The cost providing quality resident training has increased and as alumni, we can make a difference to residents by giving to the COASTAL BEND EDUCTIONAL PHYSICIANS (CBEP) fund.

I would like to donate $_____

ORDER TOTAL : $_____

My check payment is enclosed OR Charge my: Visa MasterCard Discover American Express

Make Check payable to: **Coastal Bend Educational Physicians (CBEP)**

*CANCELLATION DEADLINE IS JUNE 15, 2016
NO REFUNDS AFTER THIS DATE.

Card #_____Exp. Date_____

CVV_____Signature_____

NAME ON CARD: _____

MAILING ADDRESS:_____

E-mail this order to Lynn Carrasco at lynn.carrasco@christushealth.org, or Mail :Graduate Medical Education, EM Residency Program, 2606 Hospital Blvd, 5W, Corpus Christi, TX 78405