

**General Hospital School of Nursing Alumni
Annual Dinner and Meeting
Membership Form**



THURSDAY, October 3, 2024

Holiday Inn

Dinner: 7:00 pm

Cost: \$70.00 includes \$5.00 Alumni Membership Fee

**Registration deadline: September 1, 2024, or until all tickets are sold
(limit 350 people)**

Please complete the form and return it with a cheque/money order made payable (Interac e-transfer for payments is not available at this time) to the:

General Hospital School of Nursing Alumni
Mail to:

24 Stanford Place
St. John's, NL
A1A 0M4

Please print and **complete a separate form for each graduate**. This form may be copied for those who did not receive this information. Cheque or Money order should be made payable to the GHSON Alumni.

Name: _____ Maiden Name _____ Class: _____

Address: _____ Phone # _____

City, Province, Postal Code: _____

Email address: _____

Membership Only (\$5.00) _____

Dinner including Membership:(\$70.00) _____ **Total amount enclosed** _____

To assist us with planning please let us know if you have any disabilities for which we would need to make arrangements: _____

This is a **scent free** and **latex free** event. If you wish to have balloons for the celebration,
please use Mylar balloons only. Thank-you in advance for your cooperation.