

REGISTRATION FORM

UNIVERSITY OF IOWA BLACK ALUMNI ASSOCIATION

Please complete and return the registration form along with proper payment.

Name (include maiden name) _____

Guest Name _____

Address _____

City/State/Zip _____

Telephone Number (Home) _____ (E-Mail) _____

Years attended the University of Iowa _____ to _____ Graduation Year _____

Degree _____ Major _____

Did not attend the University of Iowa, but a friend of _____

ACTIVITY/PLANNING FORM

____ Dinner/Dance ____ Game Night ____ Sunday/Brunch /Meeting

Registration Fees:

____ \$100.00 Early Bird ____ Scholarship Donation

Make check payable to IBAA and mail to:

Amount Enclosed \$ _____

Barbara Miller

10054 So. Green

Chicago, IL 60643

THIS FORM MUST ACCOMPANY YOUR REGISTRATION FEE.