

Please return this booking form with payment by 4th September 2009 to:
The Alumni & Development Office, Magdalene College, Cambridge CB3 0AG alumni@magd.cam.ac.uk

REUNION OF NON-RESIDENT MEMBERS FOR THE YEARS 1965 TO 1969 INCLUSIVE
Friday 25th September 2009

Please print clearly:

Your name: (surname & forename that you would like used on the seating plan, please also note maiden name where applicable)

Title: _____ **Subject:** _____

Matriculation year: (the year you came to Magdalene, not your graduation year) _____

Your address: _____

_____ **Post code:** _____

Your telephone number: _____ **Your fax number:** _____

Alternative number eg. business/mobile: _____

E-mail: _____

Seating plan: Please print a list of those you would like to sit with at dinner (Maximum of 3 listed in descending order of preference and we will endeavour to meet your request)

1. _____

2. _____

3. _____

Any special dietary requirements: Please specify _____

Accommodation: Do you require a College room for the night? YES or NO _____

Car Parking: Would you like a parking space if possible? YES or NO _____

If so, please let us know make of car and registration number _____

Cheques: I enclose a cheque payable to Magdalene College for £ _____ (£73.50 or £43.50)

Please note: Cheques will not be cashed immediately.

Credit card details:

Payment: I authorise Magdalene College to take a payment of £ _____ (£73.50 or £43.50)

Type of card (please circle): VISA / MASTERCARD / MAESTRO (NB : Sorry we can't accept AMEX)

Name on card _____

Credit Card number _____

Start date _____ Expiry date _____ Maestro Issue Number _____

CCV number (last 3 digits on the signature strip) _____

Signed

Date

ALL APPLICATIONS WILL BE ACKNOWLEDGED either by e-mail or post