

Anniversary Class Reunion 2015 – booking form

Please complete in **black ink** and return with your payment by **Thursday 2 July** to the address at the end of this form.

Your details

Title: _____

Forename: _____

Surname: _____

Maiden name (if applicable): _____

Address: _____

Telephone: _____

Email: _____

Degree title: _____

Department: _____

Year of Graduation: _____

Your hall of residence at University: _____

Guest(s)* full name: _____

**You are welcome to book tickets for friends from other graduating years and non-alumni guests*

Special dietary requirements: _____

Special access needs (ie wheelchair bound or difficulty with stairs): _____

Seating

Attendees will be seated by class at dinner, but if there is anyone that you particularly wish to sit with, please let us know:

Your preferences

Please let us know which session you would like to attend. If you are booking for more than one person, please write in the number of guests that would like to attend each activity.

10.00am:

Astrodome Campus Tour High Voltage Labs

11.00am:

Astrodome Campus Tour High Voltage Labs

Humanities Tour (2hrs) Psychology Anniversary (2 hrs)

11.30am:

Chemistry Research Tour (1.5 hrs)

12.00pm:

Astrodome Campus Tour High Voltage Labs

Health Sciences – Skills Laboratories Tour

1.00pm:

Engineering Lunch (1.5hrs) Psychology Lunch (1 hr)

Social Sciences Lunch (1.5hrs)

2.00pm:

Psychology Anniversary (2hrs)

2.30pm:

Accelerate! Astrodome Campus Tour

Engineering Research Tour (3hrs) Social Sciences Anniversary Event

3.30pm:

Astrodome Campus Tour Dementia and Neuroscience Lecture

4.30pm:

Astrodome Campus Tour

I am interested in making a weekend of it:

Red Funnel City Walls Tour Jubilee Sports Centre

I will be attending the drinks reception on Friday evening I will only be attending on the Saturday evening from 7:30pm onwards

Attendance lists

A list of those attending this event will be available to view online at www.southampton.ac.uk/alumni

Please tick if you would prefer **not to be** listed

An attendance list will be circulated on the day

Please tick if you would prefer **not to be** listed

Your academics

Are there any professors or other staff members that you would like to see again during your visit back to campus? We will do our best to get them involved in the day:

Memorabilia and messages for your friends

- I have enclosed some items of memorabilia which I am happy to be included in the exhibition for the event
- I have enclosed a note to be displayed for my classmates
- Please tick if you would like your memorabilia back

Ticket information

Tickets to attend this event are £49 per person. This price includes access to all presentations, tours and a three course dinner with wine. Confirmation of your booking will follow two weeks after we receive your booking form. If you have not received your confirmation within this time, please contact our office.

We are delighted to offer a discount on group bookings of eight or more people attending the Class Reunion. Instead of the advertised price of £49 per person, the reduced group booking rate will be £45 per person. To qualify for this discount, please ensure the booking forms for the group are sent together by post or e-mail to the Office of Development and Alumni Relations. Any booking forms sent individually to the office will not be processed at the discounted rate. For further information on this group booking discount please telephone +44 (0)23 8059 2747 or email ARevents@southampton.ac.uk

If you are sending in eight or more booking forms together to qualify for the group booking discount, please amend your ticket price to £45 under payment information.

Joining instructions

Joining instructions will be sent to all confirmed attendees a week before the event by post and/or e-mail. This will include full directions, proceedings for the day and all other details about the reunion.

Dress Code

Dress code for this event will be smart/casual.

Accommodation

Guest names	Dates required	
	Fri 10 July	Sat 11 July

Subject to availability we are able to offer accommodation in Glen Eyre (continue on separate sheet if required).

– Single ensuite rooms available at Glen Eyre - £32.95, pppn (including VAT)

Special requirements: _____

Please send a list of other accommodation in Southampton

Cancellations

For bookings made and cancelled in writing by 3 July 2015, a full refund will be issued. Cancellations after this date cannot be refunded due to contracted commitments with food and beverage providers.

Please send your completed form by **Thursday 2 July 2015** to:

Office of Development and Alumni Relations, University of Southampton, Highfield, SOUTHAMPTON SO17 1BJ UK

Class Gift

Please make a Class Gift and support the Cancer Immunology Campaign. Please leave this blank if you do not wish to contribute.

Payment information

Reunion total (£49 per person): £ _____

Class gift: £ _____

Accommodation (£32.95pppn): £ _____

Grand total: £ _____

I enclose a cheque for £ _____

made payable to the **University of Southampton**

OR please debit my

Mastercard Visa Maestro Delta

in the amount of £ _____

Name on card: _____

Card number: □□□□□□□□□□□□□□□□

Expiry date: □□/□□ Start date: □□/□□

Issue number (Maestro) □□ Security code (last 3 digits on back) □□□

Signature _____

Date: ____ / ____ /2015

Gift Aid - Make your donation go even further

If you are a UK tax payer and meet the requirements set out below, the University of Southampton will be able to reclaim the basic rate of tax paid on your gift, increasing its value by almost one third at no extra cost to you.

I confirm I have paid or will pay an amount of income tax and/or capital gains tax for each year (6 April - 5 April) that is at least equal to the amount of tax that all charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 on or after 6 April 2008.

I wish the University of Southampton to treat my donation as a Gift Aid donation.*

Signature _____

Date: ____ / ____ /2015

*In order for your donation to be eligible for Gift Aid, you must have paid an amount of tax/capital gains tax at least equal to the tax we reclaim on your donation.