

LSUSD
Alumni
REUNIONS

PAYMENT

Please check the appropriate box below:

- \$50 for alumni
- \$100 for alumni and spouse/guest

Register online at www.lsusd.lsuhs.edu
(click on the reunion link on homepage).

OR

Return form and payment in envelope.

**Please respond as soon as possible.
Send regrets to kkell2@lsuhsc.edu.**

LSUHSC School of Dentistry
Office of Alumni Relations
1100 Florida Avenue, Box 143
New Orleans, LA 70119
Joanne Courville, MPA, Director
(504) 941-8367
Katie Kelley, MBA, Assistant Director
(504) 941-8120

Acme Oyster House
\$50 Inclusive per person
Dinner buffet and cash bar

BUFFET MENU

Chicken and Andouille Gumbo

Cajun Jambalaya

Red Beans and Rice

Fried Shrimp

Fried Fish

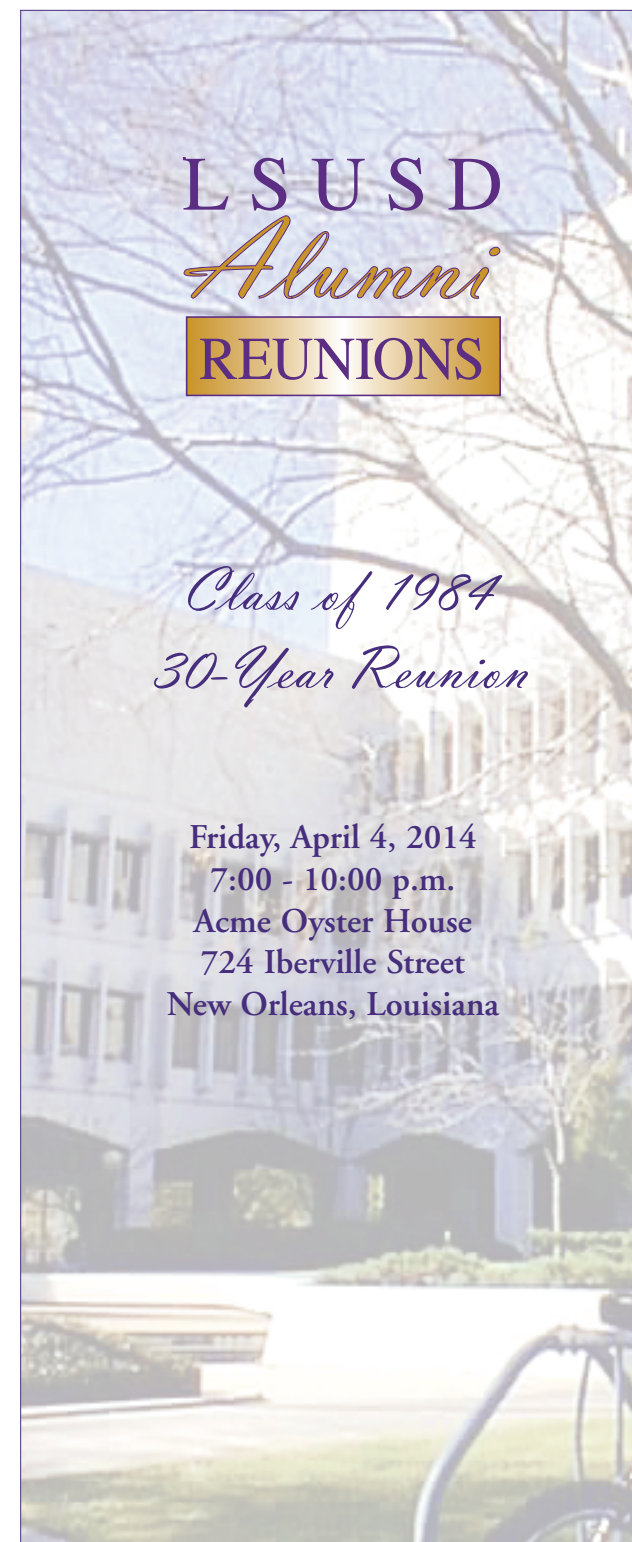
Hush Puppies

French Fries

Mixed Green Salad

French Bread and Butter

Sodas, Coffee and Tea



Join us in New Orleans!

LSUHSC School of Dentistry DDS Class of 1984: 30-Year Reunion
in Conjunction with the LDA/NODA Annual Session this Spring

Dear Classmates:

Please come celebrate our 30-year reunion on Friday, April 4, at Acme Oyster House in New Orleans from 7:00-10:00 p.m.

Our reunion will be held in conjunction with the Louisiana Dental Association/New Orleans Dental Association Annual Session, which is scheduled for April 3 - 5, 2014. For more information about the session, please visit www.nodc.org.

The cost per person is \$50, which includes a seafood buffet and cash bar.

To register, please return the enclosed reply card with payment or register online at www.lsusd.lsuhs.edu. Click on the reunion logo on the dental school's homepage for information.

If you have questions, contact the LSUSD Office of Alumni Relations at (504) 941-8120 or email kkell2@lsuhsc.edu. Feel free to call or email me as well.

I hope you can join us and look forward to seeing everyone!

Ike House, DDS

(318) 949-9878

80tiger@gmail.com

P.S. *Please respond as soon as possible as we need an accurate count of attendees for planning purposes.*

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Alumni
REUNIONS

Class of 1984

REGISTRATION FORM

Name

Spouse Name Guest Name

Home Address

City State ZIP

Home Phone

Business Address

City State ZIP

Business Phone FAX

Email

Cell phone

\$50 alumni \$100 w/ spouse or guest

Check to **LSUHSC Foundation**

Visa MC AmEx Discover

Card Number

Exp. Date Security Code (last 3 digits on back)

Cut along dotted line.