

P A Y M E N T

Please check the appropriate box below:

□ \$48 for alumni

□ \$96 for alumni and spouse/guest

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

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

Cellar Door

\$48 Inclusive per Person Cash Bar

Heavy Hors d'Ouevres Menu

Petite crawfish pies

Boudin okra boats

Veggie nacho bites

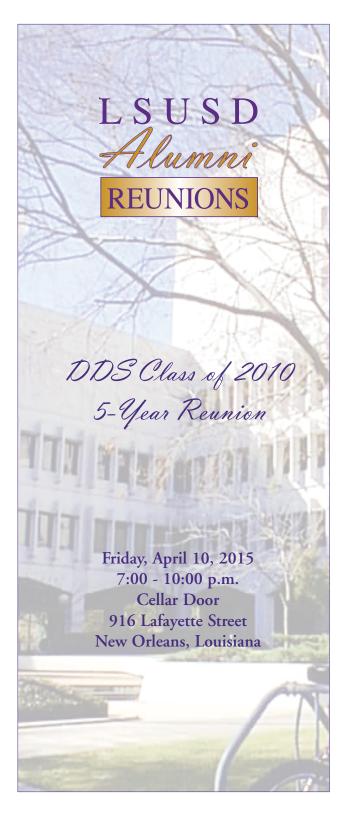
Golden carrot tarte

Shrimp & Grits

Spanakopita

Abita braised beef tostones





Join us in New Orleans!

LSUHSC School of Dentistry DDS Class of 2010: 5-Year Reunion in Conjunction with the LDA/NODA Annual Session this Spring

Come celebrate our 5-year reunion on Friday, April 10, at The Cellar Door in New Orleans from 7:00-10:00 p.m. The cost per person is \$48, which includes heavy Hors d'Ouevres and cash bar. To register, please return the enclosed reply card with payment or register online at **www.lsusd.lsuhsc.edu.** Click on the reunion logo on the dental school's homepage for information.

Our reunion will be held in conjunction with the LDA/NODA Conference, which is scheduled for April 9-11 at the Ernest Morial Convention Center. Visit www.nodc.org for more information about the conference. The New Orleans French Quarter Festival is also that weekend, so if you plan on attending, make your hotel reservation as soon as possible.

Also, please mark your calendar to join our dean, 1977 LSUSD graduate Dr. Henry Gremillion, at the LSUSD Alumni Reception on the same evening prior to our reunion. The reception will be held at The Gallery at The Chickory (next to Ernst Cafe - first floor), 611 Fulton Street, from 5:00 p.m. to 7:00 p.m. Wine, beer and complimentary hors d'oeuvres will be served.

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.

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

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

Rachael Marcello, DDS (504) 512-7890 crazyrachdds@gmail.com

Chelsea Accardo, DDS (225) 937-1067 caccardo83@gmail.com

P. S. In keeping with recent tradition, we would also like to coordinate a class gift in honor of our reunion. All reunion gifts this year will benefit the renovation of the pre-clinical simulation laboratories. We will send some information to ask for your support of this important project in the near future. This is the single most important facility need currently and we thank you in advance for your consideration.



Cut along dotted line.

REGISTRATION FORM

Name			
☐ Spouse Name ☐ Guest Na	ame		
Home Address			
City	State	ZIP	
Home Phone			
Business Address			
City	State	ZIP	
Business Phone	FAX		
Email			
Cell phone			
\$48 alumni	\$96 w/ spous	e or guest	
Check to LSUHSO			
☐ Visa ☐ MC ☐	AmEx 🖵 Disco	ver	
Card Number			
Exp. Date	Security Code (last 3 o	ligits on back)	