

PAYMENT

Please check the appropriate box below:

- □ \$51 for alumni
- □ \$102 for alumni and spouse/guest

Register online at www.lsusd.lsuhsc.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

Lucy's Retired Surfer's Bar

\$51 Inclusive per Person Open Bar

Heavy Hors d'Ouevres Menu

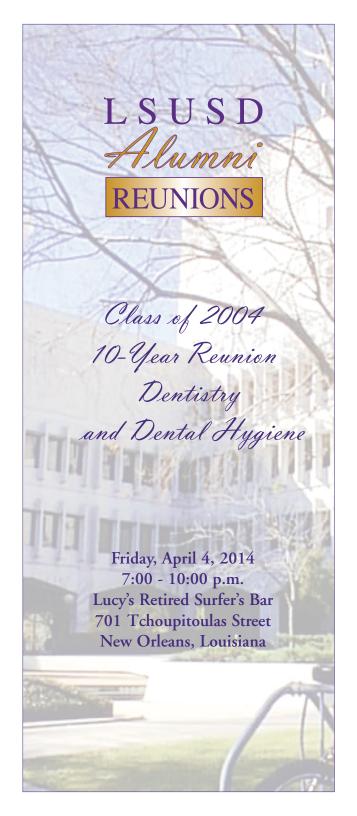
Lucy's Original Salsa and Chips

Mini Steak Quesadillas

Jamaican Jerk Chicken

Riptide Wings

Chicken Tenders





Join us in New Orleans!

LSUHSC School of Dentistry DDS Class of 2004: 10-Year Reunion in Conjunction with the LDA/NODA Annual Session this Spring

Dear Classmates:

Please come celebrate our 10-year reunion on Friday, April 4, at Lucy's Retired Surfer's Bar 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 \$51, which includes a buffet and open 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.

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 us as well.

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

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

Eric Macaluso, DDS dremacaluso@gmail.com (504) 338-7088 Kellie Axelrad, DDS kelaxelrad@aol.com (504) 628-7625

Jamie Brodhead, DH jamiebrodhead@gmail.com (337) 581-2877

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. In the next few weeks, we will send some information to ask for your support of this important project. 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	ıme		
Home Address			
City	State	ZIP	
Home Phone			
Business Address			
City	State	ZIP	
Business Phone	FAX		
Email			
Cell phone			
\$51 alumni	\$102 w/ spou	ise or guest	
Check to LSUHSO Visa MC		ver	
Card Number			
Exp. Date	Security Code (last 3 c	ligits on back)	