

REUNION SURVEY

Please return by mail to the Office of Development, e-mail, or fax to:

Jackie Burbridge, Director of Donor and Alumni Relations

225 Eastview Drive

Central Islip, N.Y. 11722

jburbridge@tourolaw.edu

Fax: (631) 761-7069

Name: _____

HOME INFORMATION

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Home E-mail Address: _____

BUSINESS INFORMATION

Business/Firm Name: _____

Business Address: _____

City, State, Zip: _____

Business Phone: _____ **Business Fax:** _____

Business E-mail Address: _____

Area(s) of practice: _____

Licensed to practice in the state(s) of: _____

Professional/Extra Profession Activities: *(such as teaching, board representation, volunteer work, community services, etc.)*

Other Interests: *(sports, hobbies, outdoor activities, travel, etc.)* _____

Family/Relationship Information: *(spouse, children, grandchildren, etc.)* _____

Other information you would like to share about yourself and what you have been doing since graduation:

Fondest or Funniest Law School Memory: _____

My most rewarding experience since graduation was: _____

What types of Alumni Activities would you be interested in: _____

Message to your classmates: _____

Yes

No

I would like this information to be including in the reunion booklet.

We are compiling a list of expected attendees at Reunion 2014, Saturday, November 15th
at Cradle of Aviation, Garden City, NY. May we include you as likely to attend?

Tickets will include a cocktail reception, open bar, Reunion Booklet and Reunion gift

Yes

Maybe

No

Touro Law Center 225 Eastview Drive Central Islip, New York 11722
