

## 50 Year Reunion Biographical Update

*If you are able we would prefer that you complete this form online at:  
[www.drexelmed.edu/alumni/reunions](http://www.drexelmed.edu/alumni/reunions) and click on the Directory Form.*

Name \_\_\_\_\_ Birth Name \_\_\_\_\_

Institution  HU  WMC Specialty \_\_\_\_\_

Retired: \_\_\_\_\_

Home Address \_\_\_\_\_ Office Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Email \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Children's Names/Ages

\_\_\_\_\_

My fondest medical school memory \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Greatest Professional Accomplishment (no CV's Please)

\_\_\_\_\_

\_\_\_\_\_

Special Interest, Hobbies, Sports, Etc \_\_\_\_\_

\_\_\_\_\_

Please list anyone in your family who attended one of our legacy institutions or Drexel University and specify their relationship to you.

\_\_\_\_\_

\_\_\_\_\_

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Biographical updates and photos will be included in a class directory and distributed during the reunion.

I've enclosed pictures. Please return them by mail  or at the reunion

**Please complete and return by April 15, 2012 to Kate McGovern at:**

Drexel University College of Medicine, Office of Alumni Relations,  
Suite 1050, 1601 Cherry Street, Philadelphia, PA 19102 or via FAX at (215) 255-7302.