

SUBMISSION DEADLINE: December 6, 2024

Thank you for participating in your class's Reunion Report. Please review this important information as you get started:

- By providing information for the Reunion Report, you agree to the data disclosure policy shown here: alumni.hms.harvard.edu/reunion-report-data-use-disclosure.
- You must confirm your mailing address to receive a Reunion Report book. To do so, simply provide your address in this form or call 617-384-8520.
- Note that responses may be edited for clarity. Please print legibly and proofread your entry.
- To provide information to HMS/HSDM but omit it from being printed in the Reunion Report, write "omit" next to lines you want to be redacted.

Submit Online: Save time and ensure accuracy by submitting at <https://aad.hms.harvard.edu>.

Submit by Email: Scan or take photos of this form and email them to hmsalum@hms.harvard.edu.

We will NOT be accepting forms by mail. If you have questions, please call 617-384-8443.

To help defray the cost of this publication, you can make a voluntary payment of \$55 at alumni.hms.harvard.edu/reunion-report.

NAME AND BIOGRAPHICAL INFORMATION

Name: _____
prefix first name middle name last name suffix

Nickname: _____ Date of Birth (MM/DD/YYYY): _____

HMS Degree: _____ Year: _____ HSDM Degree: _____ Year: _____

Society: _____ Gender Identity (Optional): _____

HOME CONTACT INFORMATION

Street: _____

City: _____ State: _____ Zip Code: _____

Country or Territory: _____

Home Phone: _____ Mobile Phone: _____

EMAIL ADDRESSES

Reunion updates and registration information will be sent to your primary email address.

Primary Email: _____

Secondary Email: _____

SOCIAL MEDIA

Facebook Name or URL: _____ Twitter Handle: _____

LinkedIn Name or URL: _____

EMPLOYMENT INFORMATION

Job Status (check one): Full Time Self-Employed Volunteer
 Part Time Unemployed Other: _____

Employer: _____

Job Title(s): _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Country or Territory: _____ Business Phone: _____

Business Website: _____

PREFERRED ADDRESS

Your class's Reunion Report book and Reunion invitation will be sent to this address.

Preferred Address (check one): Home Business

SPECIALTIES AND LICENSURE

Primary Specialty: _____ Secondary Specialty: _____

Licensure State(s): _____

POSTGRADUATE TRAINING

Residency

Specialty: _____ Institution: _____

Specialty: _____ Institution: _____

Fellowship

Specialty: _____ Institution: _____

Specialty: _____ Institution: _____

PROFESSIONAL INFORMATION

Briefly describe your *current* research and/or health-related area(s) of interest.

Please separate interests with semicolons.

List your *current* professional appointments, memberships, and activities.

Please list as: Title, Organization; Title, Organization. Use the full names of organizations instead of acronyms.

List your *current* civic, community, and volunteer activities.

Please separate activities with semicolons.

SPOUSE/PARTNER

Marital Status (check one): Single Married Partner
 Separated Divorced Widowed

Name: _____
prefix first name middle name last name suffix

Job Title: _____ Employer: _____

Gender Identity (Optional): _____

CHILDREN

List additional children on a separate sheet.

first name middle name last name gender date of birth (MM/DD/YYYY)

first name middle name last name gender date of birth (MM/DD/YYYY)

first name middle name last name gender date of birth (MM/DD/YYYY)

FAMILY UPDATE

Update your classmates on what is happening with your loved ones (partner, children, pets, and others). You may continue your update on an additional sheet.

THANK YOU FOR YOUR PARTICIPATION

When you're finished, save your completed form or take a scan or clear photos of your handwritten submission, and email them to hmsalum@hms.harvard.edu by Dec. 6, 2024.