

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/X Handle: _____

LinkedIn Name or URL: _____

SEASONAL ADDRESS

From (MM/DD): _____ To (MM/DD): _____

Street: _____

City: _____ State: _____ Zip Code: _____

Country or Territory: _____ Seasonal Phone: _____

EMPLOYMENT INFORMATION

Job Status (check one): Full Time Self-Employed Retired Part Time

Unemployed Volunteer Semi-Retired

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

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)

GRANDCHILDREN

List additional grandchildren 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.

PHOTOS

You may submit up to two photos to be included in your Reunion Report. Please choose photos that are sharp, in focus, well-framed, and with good exposure and contrast. All photos should be at least 600x600 pixels. JPEG is preferable.

How to submit photos:

- Send your photos as an attachment to hmsalum@hms.harvard.edu with your name, class year, and captions noted.

LETTER TO CLASSMATES

For letter submission, typed responses are preferred, via this fillable PDF or a separate Word document.

What have you been doing since the last time you saw your classmates? Share your reflections on the past, the present, and the future.

Dear Classmates,
