

REUNION REPORT QUESTIONNAIRE
SUBMISSION DEADLINE: December 3, 2021

Thank you for participating in your class's Reunion Report. The best reports are those that have the greatest participation, so we welcome your entry. 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 617-384-8443.
- All information will be printed as entered. Please print legibly and proofread your entry.
- To provide information to HMS but omit it from being printed in the Reunion Report, write "omit" next to lines you want to be redacted.

Save time and ensure accuracy by submitting online at <https://aad.hms.harvard.edu>. If you have any questions, please call 617-384-8443.

- Yes, I want to help defray the cost of this publication with a voluntary payment of \$55.
Enclosed is my check payable to Harvard Medical School.

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: _____

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 Temporary Volunteer
 Part Time Unemployed Other: _____

Employer: _____

Job Title(s): _____

Office 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 (circle 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.
