

## REUNION REPORT QUESTIONNAIRE SUBMISSION DEADLINE: December 4, 2020

Thank you for participating in your class's Reunion Report. The best reports are those that have the greatest participation and we welcome your entry. Please review this important information as you get started:

- By providing information for the Reunion Report, you agree to the Terms of Data Use shown here: [alumni.hms.harvard.edu/reunion-report-data-use-disclosure](https://alumni.hms.harvard.edu/reunion-report-data-use-disclosure).
- You must confirm your mailing address to receive a Reunion Report book by providing your address in this form or calling 617-384-8520.
- All information will be printed as entered. Please print legibly and proof 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 617-384-8520.

- 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

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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

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Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country or Territory: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### EMAIL ADDRESSES

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

Primary Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

## SOCIAL MEDIA

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Facebook Name or URL: \_\_\_\_\_ Twitter Handle: \_\_\_\_\_

LinkedIn Name or URL: \_\_\_\_\_

## SEASONAL ADDRESS

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From (MM/DD): \_\_\_\_\_ To (MM/DD): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country or Territory: \_\_\_\_\_ Seasonal Phone: \_\_\_\_\_

## EMPLOYMENT INFORMATION

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Job Status (check one): Full Time, Part Time, Self-Employed, Temporary,  
Volunteer, Unemployed, Semi-Retired, Retired, Other: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country or Territory: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Website: \_\_\_\_\_

## PREFERRED ADDRESS

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

Preferred Address (check one): Home, Business

## PROFESSIONAL INFORMATION

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

*Please separate interests with semicolons.*

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

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

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

Please separate activities with semicolons.

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## SPOUSE/PARTNER

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Marital Status (check one):  Single  Married  Partner

Separated  Divorced  Widowed

Name: \_\_\_\_\_  
                    prefix                    first name                    middle name                    last name                    suffix

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Gender Identity: \_\_\_\_\_

## CHILDREN

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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

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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

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

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## PHOTOS

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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 if provided digitally. **Photos will be printed in black and white.**

How to submit photos:

- Send your photos as an attachment to [hmsalum@hms.harvard.edu](mailto:hmsalum@hms.harvard.edu) with your name, class year, and captions noted.
- Include your printed photos with this questionnaire. Please put your name, class year, and caption on the back of each photo. *Printed photos will not be returned.*

## LETTER TO CLASSMATES

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*Preferred format for letter submission is a typed document. You may continue your letter on an additional sheet.*

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,**

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