



Memorial Sloan-Kettering
Cancer Center

MEMORIAL SLOAN-KETTERING CANCER CENTER
AND THE DEPARTMENT OF PEDIATRICS
PRESENT

The 5th Annual Convocation Celebration

WEDNESDAY, JUNE 8, 2011

10:30 AM

MEMORIAL SLOAN-KETTERING CANCER CENTER

ATTENDING: ☐ YES ☐ NO IF YES, PLEASE FILL OUT THE INFORMATION BELOW

NUMBER OF GUESTS: _____

IF YOU ARE NOT ABLE TO ATTEND, WOULD YOU LIKE TO BE INCLUDED IN THE
EVENT PROGRAM? ☐ YES ☐ NO IF YES, PLEASE FILL OUT THE INFORMATION BELOW

PRINT YOUR NAME AS YOU WOULD LIKE IT ON GRADUATION MATERIALS:

HIGH SCHOOL: _____

CITY, STATE (WHERE YOUR HIGH SCHOOL IS LOCATED):

PARENT'S CELL PHONE: _____

GRADUATE'S CELL PHONE: _____

PARENT EMAIL ADDRESS: _____

GRADUATE EMAIL ADDRESS: _____

ARE YOU INTERESTED IN LEARNING MORE ABOUT SPEAKING OPPORTUNITIES?

☐ YES ☐ NO