



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