

ANNUAL AWARDS & ALUMNI WEEKEND

APRIL 25-26, 2025

First & Last Name: _____
(as preferred for nametag)

Address: _____

City: _____ State _____ Zip _____

Preferred Phone: () _____ cell/home/business (circle)

Email Address: _____

SSON affiliation: ___ Student ___ Faculty ___ Staff ___ Alumni ___ Other Guest

SSON alumni class year(s), if applicable: BSN _____ MS(N) _____ DNP _____ PhD _____

Awards Banquet – Friday, April 25, 2025 – 5:30 PM Reception, 6:30 PM Dinner

Awards Banquet Registration Type: SSON Faculty, Staff, Students

SSON Faculty/Staff/Student Award Nominee

SSON Faculty/Staff/Student

Guest(s) of SSON Faculty/Staff/Student Award Nominee

Ticket Cost:

_____ x (no charge)

_____ x \$45 = _____

_____ x \$75 = _____

Guest name(s): _____

Please list SSON degree(s) _____

and year(s), if applicable. _____

Awards Banquet Registration Type: SSON Alumni and Guests

SSON Alumni and Guests

Award recipients should contact the SSON at 573-884-9542 to make your registration.

Ticket Cost:

_____ x \$75 = _____

Guest name(s): _____

Please list SSON degree(s) _____

and year(s), if applicable. _____

Please list any other seating preference in addition to the guests in your party attending:

The evening's dinner menu features a chicken entrée. Please list any food allergies or restrictions (for anyone in your party): _____

OPTIONAL ITEM: Donation to support Awards Banquet

We invite you to make a donation to support this year's Awards Banquet.

Your support helps cover the cost for students to attend the banquet.

Donation Amount: \$ _____

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Alumni Reunion – Saturday, April 26, 2025 – 8:30 AM to 3:00 PM

Alumni Reunion Registration Type: SSON Alumni and Guests

Ticket Cost:

Alumni Reunion Tours of Sinclair School of Nursing and University Hospitals (lunch included)

_____ x \$15 = _____

Reunion Tours, not attending lunch

_____ x (no charge)

Guest name(s): _____

Please list SSON degree(s)

and year(s), if applicable.

Please list any food allergies or restrictions (for anyone in your party):

TICKET TOTAL \$ _____

DONATION TOTAL \$ _____

TICKET & DONATION TOTAL \$ _____

Mail completed form with payment to:

Sinclair School of Nursing
S403 School of Nursing Building
Attn: Awards Banquet & Reunion Weekend
915 Hitt Street
Columbia, MO 65211

Or, register online at www.mizzou.com/SSON2025

Payment Method:

- Check enclosed (payable to University of Missouri)
 Credit/Debit: Visa / MasterCard / Discover / AMEX

Credit Card #: _____

Expiration Date: _____ CVV: _____

Signature: _____

Please submit this form, along with payment, by Friday, April 18, 2025.

If submitting payment by check, mail payment and RSVP to the address above.

If submitting payment by credit card, you can email RSVP to Jessica Love at jessicawlove@health.missouri.edu.

Alternatively, you can call Jessica Love at (573) 884-9542 with credit card payment.

For banquet or reunion questions, please call Jessica Love at (573) 884-9542
or by email to jessicawlove@health.missouri.edu.