

SELACO Alumni Association

Reunion 2025 Registration

Registration Information:

Full Name: _____

Maiden Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

TTY: _____ VP: _____

Text: _____ Voice: _____

E-mail: _____

Do you wish to have your name and e-mail listed? Publicly _____ Private _____

For staff:

Year worked from: _____ to _____

For Student:

Year graduated: _____

Payment:

How many people? _____

(Deadline is on or before Sept 25, 2025!)

1 - \$20.00

2 - \$40.00

3 - \$60.00

4 - \$80.00

5 - \$100.00

Credit card: Master Card _____ Visa: _____ Discover: _____ AMEX: _____

Card Holder Name: _____

Card Number: _____ - _____ - _____

Expiration Date: _____ / _____ CVV: _____

Signature: _____

Note: After the card is charged, the name "DEAFWORKS" will appear on your billing statement.

Mail this form to:

SELACO Alumni Association

P.O.Box 1265

Provo, UT 84603-1265

Web: <https://www.selaco.org>