

# REGISTRATION FORM

## UNIVERSITY OF IOWA BLACK ALUMNI ASSOCIATION

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Please complete and return the registration form along with proper payment.

Name (include maiden name) \_\_\_\_\_

Guest Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ (E-Mail)  
\_\_\_\_\_

Years attended the University of Iowa \_\_\_\_\_ to \_\_\_\_\_ Graduation Year \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_

Did not attend the University of Iowa, but a friend of \_\_\_\_\_

# ACTIVITY/PLANNING FORM

\_\_\_ Dinner/Dance \_\_\_ Game Night \_\_\_ Sunday/Brunch /Meeting

**Registration Fees:**

\_\_\_ \$100.00 Early Bird \_\_\_ Scholarship Donation

Make check payable to IBAA and mail to:  
Amount Enclosed \$ \_\_\_\_\_

Barbara Miller  
10043 So. Green St.  
Chicago, IL 60643

**THIS FORM MUST ACCOMPANY YOUR REGISTRATION FEE.**