



**COMMUNITY SCHOOL DIRECTORY UPDATE & REUNION 2012 REGISTRATION FORM**

**REGISTRATION:** Please respond by February 1, 2012. Select your options & calculate the payment due for the number of people attending. Enclose payment in US funds (\$60 per person is non-refundable) with your Registration Form and mail to: M. Stepanian, P.O. Box 386, Glendale, CA 91209. Make checks payable to Community School 2012 Reunion. You may charge the Cruise fees on a credit card - call Hilda Sahakian at 818-345-4350 or email: hildasahakian@yahoo.com for assistance.

Name (Last, First, MI):	Telephone number:
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SELECT THE EVENT AND SERVICE THAT INTERESTS YOU:	# of Attendees /Passengers	Total Fees
<input type="checkbox"/> Yes, I will attend Reunion 2012. (Registration Fee=\$60 x #of attendees. NON-REFUNDABLE)		
<input type="checkbox"/> Yes, I will attend the Persian Night Dinner. (Fee = \$50 x # of attendees)		
<input type="checkbox"/> Yes, I will need hotel accommodations, from (date) _____ to (date) _____ . Please let me know the group rate.		
<input type="checkbox"/> Yes, I am interested in bus transportation to the Pier.		
<input type="checkbox"/> Yes, I will be going on the Cruise. Please reserve an Inside Cabin <input type="checkbox"/> Outside Cabin <input type="checkbox"/> for my party. (For Mini-Suites with balconies, contact Hilda Sahakian)		

Net Payment Enclosed (Note: If you are paying for the Cruise with a credit card, call Hilda Sahakian at 818-345-4350)

**You will need a passport to travel to Mexico.** Please provide the names (as they appear in passports) and birthdates of every member of your party.

Name:	Birthdate

**DIRECTORY UPDATE:** Please update your information on our Directory (*even if you do not plan on attending the Reunion*). If your spouse is an alumnus, please complete a separate form for him or her. Updated information reduces our communication costs. This information will be used to update our mailing list and be published in the Alumni Directory section of our Memory Book.

No. I cannot attend the Reunion. Please update my contact information & keep me informed of future CS activities.

Name (Last, First, MI):	Maiden Name or Name Used in School:
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Phone (indicate c-cell, w-work or h-home):	E-Mail:
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Mailing Address: Street

City:	State:	Zip:	Country:
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Student <input type="checkbox"/> Teacher <input type="checkbox"/> Other (Specify):	Class of:	Years attended/taught at CS:	Subjects/Classes Taught (teachers):
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**COMMUNITY SCHOOL LEGACY (Optional):** Community School is closed but what was its legacy? What impact did it have on its students and faculty? What fields of study did alumni pursue, what professions? How many pursued humanitarian causes? How many international concerns? We'd love to be able to answer that. Of course, inventions, awards received, books published, etc. by our community are important and we'd love to catalogue them, too. So, tell us about yourself, your accomplishments and how Community School influenced your life choices. Responses (consolidated or highlighted individuals) will be included in our Memory Book and possibly our website. Use the back of this form for additional space.

Education: <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD Major:	Avocation, Causes, Awards, Books, Titles, Inventions, etc.
Occupation - (if self-employed, type of business):	

**SUGGESTION BOX:** Please use the back of this Form for any comments, suggestions, ideas or concerns.