

CLASS NOTES

Send news about your latest personal or professional achievement, award or honor and your family. If you like, please also send a picture (black & white or color). *Thank you for your participation!*

Name _____ Class Year _____

Spouse's Name _____ Class Year _____
(If Case Grad)

Home Address _____

City/State/Zip Code _____

Business Address _____

City/State/Zip Code _____

Home Phone (____) _____ Business Phone (____) _____

Preferred Mailing Address: _____ Home _____ Business

Email Address _____

Tell us about your news (personal/professional achievements, awards and/or honors):

Tell us about your family:

Please list relatives that have attended Case – name, school, year of graduation:

Return this form to: Case Western Reserve University
School of Dental Medicine Alumni Office
10900 Euclid Avenue
Cleveland Ohio 44106-4905

Or by fax: (216) 368-3204. Or you may email us at dentalalumni@case.edu