

2002 – 2012 Graduates & Graduate Events Photo Sale - Photo Order Form

Name _____

Home Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Department _____

Graduation Year _____

*For Event Photos & Photo Codes See the Society's web site –
www.downstate.edu/residents-alumni-society

[] Please reserve _____ picture(s) code # _____ in size **5"x7"** at **\$20.00 / picture**.

[] Please reserve _____ picture(s) code # _____ in size **8"x10"** at **\$30.00 / picture**.

[] Please reserve _____ picture(s) code # _____ on a disk at **\$35.00 / CD or DVD**.

All prices include packing and postage.

Total Amount of Check enclosed \$ _____

Print and mail order form with payment to:

Residents & Fellows Alumni Society

SUNY Downstate Medical Center

450 Clarkson, Box 93

Brooklyn, New York 11203

Attention: Ingrid Dildy

PAYMENT: *Please make check for the above selections payable to*
HSCB Acct 3164