

SUNY Downstate Medical Center Residents & Fellows Alumni Society Photo Order Form

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City _____ State _____ Zip _____

Telephone _____

E-mail _____

Department & Graduation Year _____

See the Society's web site for the picture codes
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**

PAYMENT: *Please make check payable to HSCB Acct # 3164*

Mail order form with payment to: **Residents & Fellows Alumni Society**
450 Clarkson Avenue, Box 93
SUNY Downstate Medical Center
Brooklyn, New York 11203
Attention: Ingrid Dildy