

***PSON Alumni Association Cordially invites you and your Guests***

***The Annual Alumni Luncheon celebrating 119 Years!***

**Sunday, October 29, 2023, from 12:00-4:00 PM**

**The Water Club [www.thewaterclub.com](http://www.thewaterclub.com)**

**500 East 30<sup>th</sup> Street @ the East River**

**New York, NY 10016**

**This year we will honor all Classes ending in "3"**

**'1943, 1953, 1963, 1973, 1983, 1993, 2003, 2013, 2023'**

**RSVP and registration required by October 14, 2023**

**Dues Paying Member (in good standing 2023) \$50.00**

**Non-members\*/Guests \$100.00**

Please consider a Donation for Nurses House and/or Alumni Scholarship Fund (optional)

**\*Become a member/renew membership now and pay the luncheon member fee of \$50.00  
plus membership dues of \$50.00 through the coming year 2024 = \$100.00**

**REGISTRATION INFORMATION**

- ☐ Yes, I will attend the PSON Annual Alumni Luncheon and am a 2023 paid Member (\$50)
- ☐ Yes, I will attend the PSON Annual Alumni Luncheon and add 2024 Membership Dues (\$100)
- ☐ Yes, I will attend the PSON Annual Luncheon – Non-member (\$100)
- ☐ I will be bringing a guest(s) (\$100 pp) Please provide Name(s): \_\_\_\_\_
- ☐ Please provide a Kosher meal
- ☐ I am enclosing an additional donation for Nurses House
- ☐ I am enclosing an additional donation for the Alumni Scholarship Fund
- ☐ No, I am unable to attend the luncheon this year, yet enclosed is my annual dues of \$50.00
- ☐ No, I am unable to attend the luncheon this year, yet please accept my donation to the PSON Alumni Association

Total Amount Submitted (electronic\*\* or personal check): \$\_\_\_\_\_

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name while attending PSON (if different): \_\_\_\_\_ Years/Programs of PSON Graduation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone C, W, H: \_\_\_\_\_

**\*\* We are accepting PayPal or Zelle payments. Go to [PayPal.com](https://www.paypal.com) or [Zellepay.com](https://www.zellepay.com) and submit your payment to [PSONAA@mountsinai.org](mailto:PSONAA@mountsinai.org) \*\*In the Comments section, add your name, address, phone number, email address, year of graduation, number of guests and Kosher meals required.**

**You must submit a scan or photo of this form to our email address ([PSONAA@mountsinai.org](mailto:PSONAA@mountsinai.org)) or physically mail this form and your Registration Fee by October 14, 2022, to: PSON Alumni Association Luncheon Committee**

**148 East 126<sup>th</sup> Street New York, NY 10035**

**PLEASE NOTE:** Due to uptick in COVID-19 numbers we kindly request that you **take a self-administered Rapid Antigen Test and confirm a negative result the day before or day of attending the luncheon.** We know this creates an additional inconvenience, yet we are deeply grateful to you for taking these additional steps to protect the health of yourself and others. If you have any questions, contact PSON Alumni Luncheon Committee at: [alumni.association@mountsinai.org](mailto:alumni.association@mountsinai.org)

PSON Luncheon Registration Form Version Sep 2023