FRIENDS OF THE P.J. NIXON MEDICAL HISTORICAL LIBRARY
Dolph Briscoe Jr. Library
The University of Texas Health Science Center at San Antonio
7703 Floyd Curl Drive
San Antonio, TX 78229-3900

Contact Information
Name: __________________________ Affiliation: __________________________
Mailing Address: _______________________________________________________
Email Address: _________________________________________________________
Home Phone: __________ Cell Phone: _____________
The best way to contact me is: ____________________________________________

Dinner Reservations
_____ Yes, I plan to attend the annual dinner on Wednesday, November 2, 2016.
   Please make dinner reservations for ____ attendees at $55/person.  
   Cost for Dinner: ______

_____ Yes, I would like to sponsor a student(s) to attend the dinner on November 2, 2016.
   Please make dinner reservations for ____ student attendees at $35/person.  
   Cost for Students: ______

Name badges will be printed in advance for quicker registration. Please PRINT each name as you would like it to appear on your badge(s).
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Special dietary information (enter number of plates):  ______ Tuscan Chicken
                                                   ______ Vegetarian Plate

2016 Membership
Sign me up as a member of the Friends of the P.J. Nixon Medical Historical Library for the 2016-2017 academic year.
Membership dues are tax deductible.
        _____ Student Member $10 (Sponsorships include membership)  
        _____ Regular Member $25
        _____ Patron Member $50 (Includes Spouse)  
        _____ Life Member $2,500    Membership Cost: ______

Gifts and Contributions
I wish to make a donation to the P. I. Nixon Medical Historical Library.  
Amount of Donation: ______

In honor of: ____________________________________________________________
In memory of: _________________________________________________________
Send acknowledgment to: ____________________________________________

Make check payable to: UTHSCSA Library   Total amount of check: ______
Send this form and check/credit card information to: Dolph Briscoe Jr. Library. RSVP deadline: October 21, 2016.
Contact the library: Telephone: 210-567-2400 • Fax: 210-567-1044 • Email: SpecialCollections@uthscsa.edu