



Event Registration Form:

Please complete the information below and mail with your check made payable to:

Niagara University
PO Box 2008
Niagara University, NY 14109

EVENT/Date of Event: _____

Name _____ Class Year _____

Address: _____

Phone: _____ Email: _____

Spouse/Guest(s) _____ Class Year (if applicable) _____

Alumni Relations
Phone: 716-286-8787
Fax: 716-285-9867
E-mail: alumni@niagara.edu