



FACULTY OF | UNIVERSITY OF
MEDICINE | CALGARY

Faculty of Medicine Alumni Relations

Reunion Tool Kit

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Tool Kit for Reunion Organizers

You have received a letter from the Faculty of Medicine Alumni Association reminding you that your reunion is approaching. Although it seems like a great deal of advanced warning, our experience is that it takes this amount of time to get everything just right without going insane.

Your Role:

As Reunion Coordinator for your class, you may want to recruit the help of some of your classmates to plan your upcoming events. These guidelines will help you and your planning team to organize your class activities.

Essential components of a successful reunion include a strong and committed organizing group, thorough planning and follow-through, and a good class turn-out . It is strongly recommended that you strike an organizing committee to help coordinate various aspects of your reunion including: CME accreditation, accommodations, activities, invitations, etc.

Class Lists:

The first step in planning an event for your reunion is to obtain a class list from the Faculty of Medicine Event and Alumni Relations coordinator, [Leigh Hurst](#). In order for the University to release the list to you, you must first read, sign and return a copy of *University of Calgary Confidentiality Undertaking*. *Once you have the list you can begin organizing your planning committee and contacting your classmates directly for ideas and assistance.

Alumni Relations would appreciate your help in updating any contact information we have provided to you. **Following the Reunion we would kindly ask for any updates you received from your classmates as well as a complete list of attendees.**

Accommodation and Venue:

The second step in planning your class event is to find and book accommodation and venue. **You must book early.** For a listing of accommodation and venue options please refer to the attached [event contact list](#). For ideas for activities in the location you have chosen, visit www.travelalberta.com, www.banff.com, www.kananaskisalberta.ca, etc.

Class mailings:

If you've received your class list and booked your accommodation and venue it's time to tell your classmates about your reunion plans! Alumni Relations will help you contact your classmates. We will do this by working with you to produce **3 letters**, which we will then mail to your class for you. We have enclosed *sample letters* to get you started. The

[first letter](#) is a general invitation and call for assistance. The purpose of the [second letter](#) is to inform your classmates about the date, time, and location of your class event, to advise them about accommodation and to inform them about the reunion events being planned by your committee. The purpose of the [final letter](#) is to provide any follow-up information and to give them all of your finalized details. The schedule for these mailings is as follows. Please mark these dates on your calendar:

First Letter: Final draft must be submitted to Faculty of medicine Alumni Relations **eight** months prior to your anticipated reunion.

Second Letter: Final draft must be submitted to Faculty of Medicine Alumni Relations **six** months prior to your anticipated reunion

Final letter: Final draft must be submitted to Faculty of Medicine Alumni Relations **four** months prior to your reunion.

Submit your letters and any updates to your class list data via e-mail to [Leigh Hurst](#).

Class Web Sites:

We are working on trying to get a system to upload class web sites. If this is something that you are interested in, please contact [Leigh Hurst](#).

Publicity, Arch E

If you would like information regarding your reunion included in the Arch-E, University of Calgary's online alumni newsletter, please contact [Matthew Fox](#) at 403-220-7109. The submission deadlines are the 15th of each month.

Class Gift

Many classes have taken the opportunity to initiate a Reunion Class Gift in honour of their Reunion Year, as a memorial to one of your classmates, or to build on existing funds. With the assistance of the Director of Development, [Lisa Shea](#), your class can choose a specific project or area of need that is of interest to you and a campaign to raise funds for your project could be launched in the months prior to your reunion weekend. This would culminate with a gift presentation to the Associate Dean of Undergraduate Medical Education or another designate during your reunion. A class gift offers your class a unique way to honour the past while building the future. For more information on class giving, please email [Lisa Shea](#).

Continuing Medical Education Credits

The Office of CME, U of C, can accredit programs for RCPSC, Section 1 accreditation, but not for CCFP MAINPRO-M1 accreditation. For MAINPRO-M1, an application must be made directly to the AB Chapter of the CCFP.

Please refer to the website: www.cme.ucalgary.ca under the menu item "Program Accreditation". This provides all the information and forms needed to apply for accreditation.

If you have any questions, please contact [Glenda Wong](#) at 403-220-7761.

Initial Contact Letter – Sample

Dear Classmate, class of....., fellow animal name...

It's hard to believe but we are just over a year away from the____ anniversary of our graduation from Medical school! As class representative, I want to find out if you are interested in a reunion and what you would like it to look like.

I also want to know what you are doing, where you are, and if you are famous yet!!

I am working with the Faculty of Medicine Alumni Relations and have come up with a potential date and some ideas for the reunion. If the date doesn't work for the majority, we can change it. The idea is to get as many of us as possible back together to reminisce, share some memories and reconnect.

We are looking at_____, 20___. We could meet in the Medical school for our own TGIF with old profs and staff, then go to the mountains (Kananaskis, Banff , Canmore, Lake Louise) for activities(golf, walking, hiking, art walk, hot pool) and some CME. If we present some accredited CME, we can get credit hours AND we can write off the trip! The Faculty of Medicine CME department can help with the paperwork for accreditation.

Please get back to me at___email_____ as soon as possible so I can get started on firm plans. Put the dates as a tentative in your calendar for 20___!

Best Wishes,

Second Letter – Sample

Dear *class animal name*:

Our __-year reunion has been confirmed for <DATE>. We have an itinerary that is full of activities and opportunities to reminisce and 'catch-up'.

If you are interested in participating in a CME program Saturday afternoon, please email me directly at **<EMAIL CLASS REUNION REPRESENTATIVE>**. We are looking for volunteers to present on topics of general medical interest that afternoon, so please let me know if you could speak, and if so, what topic you could speak on.

We do not have a formal program planned for Friday night, but there is a Flames /Dinos /Hitmen game that night**<DETAILS>** If you would like to volunteer to plan an activity for either Friday night or Saturday morning, please contact me at **<EMAIL CLASS REUNION REPRESENTATIVE>**.

Please complete and return the attached registration form by <DATE> to help us finalize our numbers for the weekend. Address it to: Faculty of Medicine Alumni Relations, 3330 Hospital Drive NW, Calgary, AB T2N 4N1. I look forward to seeing you all in November!

Sincerely,

Class Reunion Representative

Program

Saturday morning - presentations by classmates on areas of general medical interest
(accreditation pending to allow business write off)

Saturday evening – post-afternoon activities reception at _____

Saturday evening – 7pm Dinner at _____

Sunday – 9:30am Brunch at _____

UNIVERSITY OF CALGARY, FACULTY OF MEDICINE – CLASS OF ____ XX YEAR REUNION

Name: _____

Telephone: _____

Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Full name of guest accompanying me to dinner: _____

- I will attend the Saturday evening reception • Number of persons ____
- I will attend the Saturday evening dinner (*Cash Bar*) • Adults: \$
- I will attend the Sunday brunch at the <VENUE>
 - Adults: \$ • Children (4-10): \$
 - Number of Adults ____ • Number of Children ____
- I will attend trip to <VENUE>
 - Adults: \$ • Student / Youth (6-18): \$ • Family: \$
 - Number of Adults ____ • Number of Youth/Students ____
- I am unable to attend my __ year reunion but would like to send a message to classmates.

Event	Number of Adults	Fee	Number of Children	Fee	Total
Saturday Reception					
Saturday Dinner					
Sunday Brunch					
Glenbow Museum					
Please enclose a cheque payable to: <u>University of Calgary Faculty of Medicine: Reunion</u>			Total enclosed		

Hotel Reservations: A block of rooms has been reserved at the _____. Rates are as follows:

Single \$94.00 *Double* \$94.00 *Triple* \$104.00 *Quad* \$114.00

For reservations call <PHONE> and mention the University of Calgary Faculty of Medicine Alumni Reunion. Rates and availability are subject to change after <DATE>

Final Letter – Sample

Dear *class animal name* –

This letter is being sent to the whole class to let you know what will be happening on the weekend of **<DATE>**.

For everyone

We are trying to put together a ‘current history’ of the **<CLASS NAME>**. Please fill out the attached form (electronically if possible) and fax or email it to me.

Please send a jpeg photo of yourself/family for the **<CLASS NAME>** archives – send to **<EMAIL CLASS REPRESENTATIVE>**. If there is enough interest, I will compile the jpegs and burn onto a disc to distribute to all.

Also, if you have scanned pictures from med school days, please forward to me.

For those who have not registered and wish to do so – there are still rooms available and we would love to see you! Contact <CLASS REPRESENTATIVE> ASAP.

For those of you registered –

Please review the agenda. Note that festivities start with a reception on Friday night, beginning at 1900 hrs. Details on location and final weekend activities will be available at check in.

Note that the gala banquet on Saturday night will feature an ‘open mike’. What we propose is that each classmate gives a brief 5 minute talk on ‘best memory of med school’ and ‘best thing that’s happened since graduation’*. If you want to supplement your five minutes of fame with a photo or two, the LCD and a computer will be available. I will approach each of you individually to confirm this.

* besides your family!

Regarding the banquet on Saturday night –

Depending on the results of our sponsorship drive, we may have to cost recover for some of the partners and kids. We are looking at \$25 for adult kids/spouses and \$10 per child under the age of 14. The meal planned is going to be wonderful – so the extra charge will be worth it!

If you have any food allergies or preferences (we already have two gluten free requests) – let me know ASAP.

If you haven’t advised me of the number who will be attending the banquet – please let me know.

If you need child care, contact the Rimrock for their preferred child care service. We have used them in the past and they are excellent. NOTE THAT MY OLDEST WILL BE AVAILABLE TO SUPERVISE KIDS WHO GET BORED AT THE BANQUET ON SATURDAY NIGHT.

For those of you who are in town or traveling distance but can't attend the whole weekend:

Feel free to attend some or all of the weekend. If you are going to attend a function where there is food – let me know so that I can ensure there is enough for you to eat. There may be a small charge for this if you are not staying at the hotel.

Thanks to all who have provided input on the weekend. It looks like we will be approaching half the class for attendance.

Safe travels and don't hesitate to call if there are questions.

Reminders to those attending the reunion...

1. Ensure you have booked at the Rimrock.
2. Advise me of any special meal requests.
3. Please reconfirm with me the number of adult guests (plated GREAT dinner) and children (COOL kids buffet with veggies, dip, pizza, chicken fingers etc) who will be attending banquet.
4. If you need child care that weekend – contact the Rimrock and they will advise on child care options.
5. Send electronic pictures from med school days AND recent pictures of yourself/family for projection.
6. If you are not staying at the Rimrock but want to attend some of the weekend events, let me know ASAP.
7. Bring any Wombat memorabilia (remember those cool T-shirts and Baucus beer?)
8. The Rimrock has a full spa – if you want to book a service on the Saturday PM, suggest you reserve ahead!

FOR MORE INFO - Contact **<CLASS REPRESENTATIVE>** at *phone or email*

UPDATE – 20TH YEAR REUNION

NAME - _____

PARTNER- _____

CHILDREN- _____

TYPE OF PRACTICE _____

EMAIL CONTACT _____

WHAT YOU WOULD WANT CLASSMATES TO KNOW ABOUT WHAT YOU HAVE BEEN UP TO?

RETURN TO <**CLASS REPRESENTATIVE**> VIA EMAIL

Final Letter – Sample #2

REUNION !

Hi Everyone!! As many of you know, preparations for the ___ Year -----Reunion are well underway! I sent out a letter of invitation in -----to as many people as I could find . Many of you have already been contacted and have made your hotel and flight reservations (~ 22 people). Since----- I have teamed up with Alumni Relations in the Faculty of Medicine so that we could assist finding the remainder of the classmates and to assist with further preparations for the event. The Faculty of Medicine Alumni Relations has been very supportive. Now, as confirmation for those of you who know about the Reunion AND for those of you who are now learning about it for the first time, the details are as follows:

Date:

Location: Delta Lodge, Kananaskis Country, Alberta

Participants: All graduates of the Medical School Class of *class animal name*, University of Calgary AND their SIGO's including families and children.

Proposed Format:

Friday: Arrival in afternoon.
Informal Dinner
Remainder of Evening Open

Saturday: Morning CME Event (TBA)
Afternoon – Open:
Hiking, Biking, Rollerblading Available
Golfing
Swimming/ Jacuzzi
Spa Treatments
Nap
Other??
Evening – Formal Dinner/ Reunion Presentation

Sunday: ----- Brunch
Free Time
Departure for home as needed

Costs: Costs will include hotel, meals (on own), banquet (TBA pending menu; \$50.00-100.00 per person) and CME facilities (~300.00 total). All guests will be responsible for their own transportation to and from the Delta Hotel in Kananaskis.

***** PLEASE NOTE *****

We have 40 rooms held for Friday and Saturday nights. About 20 of these are already booked. **Please let me know by March 1 if you plan to come, the dates you are coming and the room(s) types you have booked. The remainder of the block booking (if any rooms are remaining) will be released on March 2.** Also remember that this summer week-end is a popular one with tourists/ tour groups as it coincides with the end of the Stampede. Therefore if a room is not booked by March 1st, there will be no guarantee of getting a room. So make your decisions NOW if you want to come. Booking the room via the group gives us a better rate and allows us to obtain conference and banquet space. The blocked rooms will be released on a first come-first-serve basis. You will be required to submit your credit card to hold your room. Following are the room types and costs:

Signature Club Room (Adult section):	259.00/ night plus taxes
Deluxe Family Suite:	289.00/ night plus taxes
Deluxe Loft Suite:	289.00/ night plus taxes
Superior Suite:	389.00/ night plus taxes

Not sure which room you want? Call the Delta Kananaskis Lodge at 1-866-432-4322 or email the reservations department at kan.reservations@deltahotels.com. Our booking code is **GH234**.

Anyone have any ideas about what topic we should have for the CME session? Please e-mail me if you think of a good topic +/- a good guest speaker. Note: This session will help us to be able to write this off for taxation purposes.

Start thinking about what you want to do Saturday afternoon. For those who wish to golf, I will look into the reservations for Tee Times and will let you know how to proceed with booking these in our next communication.

On Saturday night we are planning on doing a "What Have You Being Doing the Last Ten Years" Slide Show. We would like each of you to submit a brief ½ page summary of your path and 4-6 slides (can be made from pictures) depicting your profession, your family, your hobby, etc. Don't be shy! Please start preparing for this now. We will need these by May.

I think our Reunion is going to be great fun! I really forward to seeing you all!

Sincerely,

P.S. You are encouraged to update your information on the website at <http://www.ucalgary.ca/alumni> and click on "update your info" or send us an email to med.alumni@ucalgary.ca.

Baby Sitting Sample Form

Will you need a babysitter for:

1. TGIF _____
2. Saturday activity _____
3. Saturday dinner _____
4. Sunday CME _____

Number of children _____
Ages of children _____

Do you have any children that are old enough, responsible enough and willing to care for some of your classmates' children? Some details please: _____

Would you like us to arrange "entertainment" for your children while they are being cared for?
eg. Movies, a clown, a magician, arts and crafts, playground, lifeguard for swimming, nature walk and scavenger hunt

Contact List

EVENT CONTACT LIST	NAME / EMAIL	PHONE #
Venue		
Faculty of Medicine	Sherry	220-8468
Rozsa Centre	Derek Storbakken	220-3458
Students Union	Heather McFarquhar	210-8827
Conference and Special Events	Marnie Pallesen	220-6229
Olympic Oval		220-3419
Off-Site Venue		
Kananaskis Lodge (Kananaskis)	Greg Jungwirth	403-591-6262
Rimrock Resort (Banff)		403-762-3356
Rundlestone (Banff)		403-762-2201
Banff Park Lodge (Banff)		403-762-4433
Deer Lodge (Lake Louise)	Micheal Hayes	403.522.3991
Lizard Creek (Ferne)		250-423-2057
Best Western Village Park Inn (Calgary)	info@villageparkinn.com	403-289-0241
Delta Bow Valley (Calgary)		403-266-1980
Sheraton Suites Eau Claire (Calgary)		403-266-7200
Panorama Mountain Resort (Panorama)		
Ramada (Drumheller)		
Audio Visual		
Faculty of Medicine	Tyler Murphy	210-3839
UofC	Keith Mills	220-6386
Catering		
Lazy Loaf and Kettle		270-7810
Delta Bow Valley	Winnie Everts	205-5415
Spolumbo's		264-6452
Gus's Pizza		282-4005
Sorrenti's		243-7171
Great Events		256-7150
Chartwells – UofC Food Services		220-6971
Infuse	Jaclyn Labchuk	269-3902
An Affair to Remember		245-5774
Sunterra		263-9759
Entertainment		
Music Undergraduate Society		220-6631
Department of Music		220-5496
Adele and the Krusers	Steve	815-2589
Security		
Medicine's Security Information Desk	Delores Atkinson	220-8403
UofC Campus Security		220-5333



I agree that:

- ◆ Apart from my duties as a volunteer/employee of the University, I will not, during or after my service with the University, discuss with or disclose to others confidential information that I have access to, and will only use any confidential information for the purposes of researching, informing, soliciting and stewarding donors, prospective donors, alumni, and friends to the University for my own benefit.
- ◆ All materials prepared for me, and by me, for the University shall be and remain the property of the University and, apart from my duties as a University volunteer/employee, I will not allow anyone else to make any copy, abstract, or summary of this material in any form; print, digital, or otherwise or of any other material disclosed to me in the course of my volunteer service/employment.
- ◆ For the duration of my volunteer service/employment with the University, I agree to act professionally and ethically, within the boundaries of Alberta provincial legislation, and in accordance with the Freedom of Information and Protection of Privacy Act.
- ◆ I will adhere to all policies and practices of the University of Calgary including, but not limited to, prospect clearance, fund-raising project prioritization, event management and related matters.
- ◆ I have read the **Guidelines for Use of the Raisers' Edge Database** and I agree to follow the Guidelines, including the training requirements.
- ◆ The obligations set out above survive the termination of my volunteer service/employment with the University.

I Accept

Applicant's Signature: _____ Date: _____

Faculty Signature for Authorization: _____ Date: _____