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November 1, 2011

It's time once again for the Hopkins alumni to congregate and celebrate at the American Academy of Allergy, Asthma and Immunology reunion dinner, this year on Sunday, March 4, 2012 in Orlando, FL. We look forward to seeing you there.

For this year's event, we have chosen The Villas of Grand Cypress Golf Resort, located at One North Jacaranda, Orlando, FL 32836-6699 (phone 407.239.4700), located a few miles from the Convention Center or a short 9-10 minute taxi ride away. You can visit their website @ www.grandcypress.com to view their facility.

Cocktail hour begins at 7:00 pm with hors d'oeuvres and cash bar service. Complimentary wine will be served with a plated dinner beginning at 8 pm. A vegetarian entrée is included and a Kosher option is available upon request (additional charge may apply).

The cost for faculty, staff and guests will be \$90.00 per person. The cost for postdoctoral fellows is \$50.00. We have made arrangements to accommodate children at the dinner this year with a special menu geared especially for them at a cost of \$20.00 per child. As always, we encourage you to make an additional donation or consider paying for your current fellow's dinner so that we can continue this custom.

Please RSVP by February 15, 2012, by completing the enclosed **RSVP FORM** and **fax it to 410-550-1733** or **sending it as a PDF to jdorer@jhmi.edu**. If you are paying by check, please **mail the same completed RSVP form with your payment** to us at the above address. The Hopkins Office of Development has made arrangements for us to be able to accept your credit card for your dinner payment if it is accompanied by a minimum donation of \$50.00 to our education fund. If you use your credit card and do not designate a gift amount, \$50.00 will be charged to your card. Please note that choice of entrée may not be available for RSVP's received after February 15, 2012.

Thanks to everyone who attended last year's event in San Francisco and to those who have and are continuing to contribute to the Alumni Education Fellowship Funds. Since 2006, your donations to the Lichtenstein Education Fund and the Unrestricted Education Fund have accumulated over \$100,000 towards supporting postdoctoral fellows in the adult allergy training programs. Please remember to give as generously as you can to the adult and pediatric fellowship funds. As you recall, the T32 training grants do not cover the salaries of all of our clinical fellows so we must find a way to fund them outside of this grant. **Your contribution amount can be designated on the attached DONATION FORM, and, no matter how large or small, is critical to the continued success of our training program.**

On a separate note, please find instructions at the bottom of the **RSVP form** to complete the Alumni Update Information form found on our website (www.hopkinsmedicine.org/allergy). If you do not have computer access, we can mail one to you on request. This information is not only valuable to us so that we can meet the NIH tracking requirements for our training program, but it helps us keep in touch and know more about what you are currently doing.

If you need further information about the dinner, please call Janet Dorer at 410-550-2101 (email jdorer@jhmi.edu). We are looking forward to seeing you in Orlando.

Bruce S. Bochner, M.D.

Robert A. Wood, M.D.

P.S. – Please share this invitation with any former Hopkins trainees that you know who may not have received this letter or send them to our website for reunion dinner details: www.hopkinsmedicine.org/allergy.

Johns Hopkins Division of Allergy & Clinical Immunology
Annual Alumni Education Group Dinner

Villas of Grand Cypress Golf Resort
One North Jacaranda, Orlando, FL 32836
407-239-4700 www.grandcypress.com

Sunday, March 4, 2012 @ 7:00 pm

RSVP by February 15, 2012

(Fax to 410-550-1733 or send as PDF to jdorer@jhmi.edu)

Mailing address: Bruce S. Bochner, M.D., 5501 Hopkins Bayview Circle, Baltimore, MD
21224-6801

- Kosher _____
 Other dietary considerations _____
 I will sponsor ___ fellow(s). Name(s): _____

PLEASE PRINT:

Faculty/Staff @ \$90.00 Amt. \$ _____

Name: _____ Entrée Choice: _____

Fellow @ \$50.00 Amt. \$ _____

Name: _____ Entrée Choice: _____

Name: _____ Entrée Choice: _____

Guest @ \$90.00 Amt. \$ _____

Name: _____ Entrée Choice: _____

Name: _____ Entrée Choice: _____

___ Children @ \$20.00 Amt. \$ _____

Name(s): _____

Total Amt. \$ _____

Choice of entrees:

Chicken Picatta Salmon Filet Mignon Pasta Primavera (Vegetarian)

Child's menu (chicken fingers, French fries, fruit cup, cookie and soda bar)

My check made payable to "Johns Hopkins University" is enclosed.

Please charge my credit card:

___ Visa ___ MasterCard ___ American Express

No. _____ Exp. Date _____

Signature _____

Please note that a \$50 donation will be charged automatically to your account if you have not committed to a gift on the attached DONATION FORM.

I will pay in cash at the event.

Thank you! Please finish your RSVP by completing the Alumni Update Form online at: www.hopkinsmedicine.org/allergy/alumni/index.html



Division of Allergy and Clinical Immunology
PEDIATRIC DONATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail: _____

- Yes, I would like to support the *WINKELSTEIN POSTDOC FELLOWSHIP FUND* or the
 EGGLESTON POSTDOC FELLOWSHIP FUND with a gift of:
 \$1,000 \$500 Other _____

PAYMENT OF CONTRIBUTION (*please do not enclose cash*):

- Pledge of \$ _____ to be paid in amounts of \$ _____ over _____ years.
I will begin my pledge on _____. (*Annual reminders of your pledge will be mailed*).

- Check enclosed, payable to **Johns Hopkins Childrens Center**

Please reference: *WINKELSTEIN POSTDOC FELLOWSHIP FUND* or *EGGLESTON POSTDOC FELLOWSHIP FUND* on the check.

- Please charge my credit card:
 Visa Mastercard American Express

No. _____ Exp. Date: _____

Signature: _____

This gift is made:

In honor of:

In memory of:

Please send notification of this gift to:

Name: _____

Return to:

Johns Hopkins University
Attn: Jennifer Balzano
Department of Medicine
100 N. Charles Street, Suite 443
Baltimore, MD 21201

Thank you for your commitment to the Johns Hopkins Division of Pediatric Allergy and Clinical Immunology.

Please contact Donna Dieterich at (410) 955-5883 with any questions.

Gifts are tax-deductible in accordance with the Internal Revenue Code. Gifts to Johns Hopkins Medicine are subject to policies of the Institutions in place at the time of the gift. Therefore, a portion of this gift will be directed to the Clinical and Academic Fund as directed by the Board of Trustees at Johns Hopkins Medicine.



Division of Allergy and Clinical Immunology
ADULT DONATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail: _____

- Yes, I would like to support the *LICHTENSTEIN EDUCATION FUND* or the *RESEARCH EDUCATION FUND* with a gift of:
 \$1,000 \$500 Other _____

PAYMENT OF CONTRIBUTION (*please do not enclose cash*):

- Pledge of \$ _____ to be paid in amounts of \$ _____ over _____ years.
I will begin my pledge on _____. (*Annual reminders of your pledge will be mailed*).

- Check enclosed, payable to **Johns Hopkins University**

Please reference: *LICHTENSTEIN EDUCATION FUND* or *RESEARCH EDUCATION FUND* on the check.

- Please charge my credit card:
 Visa Mastercard American Express

No. _____ Exp. Date: _____

Signature: _____

This gift is made:

In honor of:

In memory of:

Please send notification of this gift to:

Name: _____

Return to:

Johns Hopkins University
Attn: Jocabel Reyes
Department of Medicine
100 N. Charles Street, Suite 443
Baltimore, MD 21201

Thank you for your commitment to the Johns Hopkins Division of Allergy and Clinical Immunology.

Please contact Janet Dorer at (410) 550-2101 with any questions.

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