



Monash University

Medical Undergraduate Society

Class of 74

50th Reunion Weekend

23rd & 24th Nov, 2024

Curlewis Golf Club

Please fill in this registration form legibly and fully.

In order for the Reunion Committee to secure the facilities and food early payment would be much appreciated (or at the latest by the end of August). The completed form together with payment details should be returned to the MUMUS 74 office, P.O. Box 21W, Ballarat West Vic 3350 or scanned and returned to 2014@mumus74.com. Payments (see below). **We need to know numbers early to mid August, for Curlewis Golf Club venue booking.**

Contact Information Items marked with an asterisk (*) are mandatory fields

Are you an international visitor who requires a conference registration confirmation letter for Visa purposes? Yes No If yes, please contact 2014@mumus74.com

Title: Given Name*: Family Name*:

Preferred Name Tag: Previous Name:

Company/Organisation:

Address*:

City/Suburb*: Post Code/Zip*:

State/Province*: Country*:

Phone: Mobile*: Email*:

Primary Employment Role:

Privacy

The MUMUS 74 committee may produce a list of delegates at the event (for organisation purposes and/or other attendees) and include individuals' details in such a list.

Agree to have my name included in the delegate list.

I confirm that I wish to register for the conference.

Signature*: Date :

Office use only

Email:	Partner:	Bio Requested:	Pics:
Survey:	Paid:	Receipt:	Cert:
Spreadsheet:			



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50th MUMUS 74 Re-union Registration Fees

All accommodation bookings should be made directly with Curlewis Golf club (where we have a MUMUS block booking with discount) or your preferred hotel. We need to know numbers soon as it is a popular venue.

Phone Curlewis Golf Club on 03 525 11111.

Registration Fees	cost
Tick your options	
<i>Saturday Lunch and talks</i>	\$85 per person
<i>Drinks and dinner at Jack Rabbit Restaurant including bus transfers</i>	\$260 per person
<i>Sunday Brunch at Curlewis 10:30 am (IF YOU HAVEN'T ALREADY DONE THIS WITH YOUR ROOM BOOKING)</i>	\$30 per person

Any special dietary requirements: _____

Name of Guest/Partner if double selected above:

Payment Details:

It would be appreciated if full payment accompanies this form. Payment may be made by direct debit into our NAB account (Name: Monash Grads of 74 BSB: 083-266 Acc. Number: 34-014-9784 reference: *your name*) or by old-fashioned cheque made out to Monash Medical Grads 74 and sent to P.O. Box 21W, Ballarat West 3350. **With Electronic funds transfer please include your name so we can identify who has paid.**

(We can't do credit cards this time)

Please, Please fill in the Survey

on the next page

Memorabilia

Please include below a short autobiographical paragraph. This and any quality photographs you can email us (in a slightly compressed format if possible), and may be used to produce the Reunion eMagazine. Please do not include any memorabilia with this registration form. Originals are too valuable.



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50th MUMUS 74 Pre-reunion Survey

The survey is of interest to us all .

If you wish it to be anonymous send it to us at PO Box 21w Ballarat West 3350 .

You can also scan it and send to our email address 2014@mumus74.com

If you don't want to answer a specific question/s just leave it .

Circle or enter your answer/s as appropriate

50th MUMUS 74 Pre-reunion Survey

1) **Are you still working in Medicine?**

Yes No Retired

2) **How many Hours per week?**

1 to 10 10 to 25 25 plus

3) **On going Professional Role**

Clinical Locum Research Education Other

4) **Main reason for still working**

Enjoy the work

Financial necessity

Not ready to cease work

No other interests

5) **If you are fully or partly retired how are you finding it?**

on a scale of tough (1) to fabulous (10)

6) **Is Retirement as you expected**

Yes No Indifferent

7) **How do you spend your non working time?**

8) **How is your health now ?(score out of 10)**

9) **Are you**

Female Male



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Pre-reunion Survey continued

10) What is your marital status?

11) If you had children did any take on Medicine as a Career

Yes No

12) How many children and /or stepchildren do you have ?

0 1 to 3 3 to 5 5 to 8 8 or more

13) How many grand - children and /or stepchildren do you have ?

0 1 to 3 3 to 5 5 to 8 8 or more

14) How many living parents do you have

0 Mother Father Both

15) How many living parents inlaw do you have

0 Mother in Law Father in Law Both

16) Are health matters an issue of concern for others
in your immediate family?

Yes No

17) Do you do voluntary (excluding College/Society) work

Yes No

18) Have you downsized your home in the last 20 years?

Yes No

19) If you had your time over would you chose medicine again

Yes No

20) If you had your time over would you chose the same discipline?

Yes No

THE END

Thank you for your answers.

The results should prove interesting and we shall compare with previous surveys .
