

# Alumni Journeys

The Johns Hopkins University Alumni Journeys Travel Program

The following information is requested from each passenger who is participating in a tour sponsored by the Alumni Relations Office.

Please answer the following questions.

## First passenger

Last name Title (Mr.,Ms.,Dr.,etc.)

First name Middle

Maiden name Nickname

Personal/Professional (MD,PhD,Esq.) Birth date

Residence address

City State Zip code

Home phone Home e-mail

Do you have an Internet homepage address? ☐ Yes ☐ No

If yes, print here: http://

Profession/Occupation/Professional Title

Business address

City State Zip code

Business phone

Business e-mail

Preferred address (Where do you want your Hopkins mail sent?):

☐ Home ☐ Business

1st JHU degree Division Major Year

2nd JHU degree Division Major Year

3rd JHU degree Division Major Year

Preferred class year for reunions

Other higher education excluding Hopkins:

Institution

Degree Major Year

## Second passenger

Last name Title (Mr.,Ms.,Dr.,etc.)

First name Middle

Maiden name Nickname

Personal/Professional (MD,PhD,Esq.) Birth date

Residence address

City State Zip code

Home phone Home e-mail

Do you have an Internet homepage address? ☐ Yes ☐ No

If yes, print here: http://

Profession/Occupation/Professional Title

Business address

City State Zip code

Business phone

Business e-mail

Preferred address (Where do you want your Hopkins mail sent?):

☐ Home ☐ Business

1st JHU degree Division Major Year

2nd JHU degree Division Major Year

3rd JHU degree Division Major Year

Preferred class year for reunions

Other higher education excluding Hopkins:

Institution

Degree Major Year

Do you have children? ☐ Yes ☐ No / ☐ If yes, JHU alumni?

Child's first/middle name	Last name	Age	Gender(M/F)
---------------------------	-----------	-----	-------------

Child's first/middle name	Last name	Age	Gender(M/F)
---------------------------	-----------	-----	-------------

Child's first/middle name	Last name	Age	Gender(M/F)
---------------------------	-----------	-----	-------------

Do you have grandchildren attending JHU? ☐ Yes ☐ No

If so, names: \_\_\_\_\_

Marital status: ☐ Single ☐ Married ☐ Companion

☐ Divorced ☐ Widowed

Spouse/Companion	Last Name	First/Middle/Maiden
------------------	-----------	---------------------

College/University of spouse/companion

Degree	Year	Division	Year
--------	------	----------	------

Family members who attended Johns Hopkins (*other than spouse*):

Name	Relationship	Year
------	--------------	------

How would you rate the impact of your Hopkins education on your life and career?

☐ Invaluable ☐ Helpful ☐ Somewhat helpful ☐ No impact

Would you recommend Johns Hopkins to your or another precollege-age child? ☐ Yes ☐ No

Why or why not? \_\_\_\_\_

Hobbies/Interests

Volunteer activities, memberships and affiliations

Birthday, anniversary, etc., being celebrated during this trip?

Do you have any health/other needs that require accommodation?

☐ No ☐ Yes If yes, please explain:

Person to contact in case of an emergency (*include phone number and relationship to both passengers*)

Why did you sign up for this trip?

What are your expectations for this trip?

**Please return to Alumni Travel Program, 6225 Smith Ave., Suite 100-B, Baltimore, MD 21209.**

Do you have children? ☐ Yes ☐ No / ☐ If yes, JHU alumni?

Child's first/middle name	Last name	Age	Gender(M/F)
---------------------------	-----------	-----	-------------

Child's first/middle name	Last name	Age	Gender(M/F)
---------------------------	-----------	-----	-------------

Child's first/middle name	Last name	Age	Gender(M/F)
---------------------------	-----------	-----	-------------

Do you have grandchildren attending JHU? ☐ Yes ☐ No

If so, names: \_\_\_\_\_

Marital status: ☐ Single ☐ Married ☐ Companion

☐ Divorced ☐ Widowed

Spouse/Companion	Last Name	First/Middle/Maiden
------------------	-----------	---------------------

College/University of spouse/companion

Degree	Year	Division	Year
--------	------	----------	------

Family members who attended Johns Hopkins (*other than spouse*):

Name	Relationship	Year
------	--------------	------

How would you rate the impact of your Hopkins education on your life and career?

☐ Invaluable ☐ Helpful ☐ Somewhat helpful ☐ No impact

Would you recommend Johns Hopkins to your or another precollege-age child? ☐ Yes ☐ No

Why or why not? \_\_\_\_\_

Hobbies/Interests

Volunteer activities, memberships and affiliations

Birthday, anniversary, etc., being celebrated during this trip?

Do you have any health/other needs that require accommodation?

☐ No ☐ Yes If yes, please explain: