
THE INAUGURATION OF
Kenneth P. Ruscio

*Please return this card in the enclosed envelope by September 20.
This is to confirm that our institution will will not be represented.*

Name of Institution *(please type or print)* Year of Founding

Delegate's Name *(as it should appear in the program)* Highest Academic Degree

Title or Relationship to Institution

Delegate's Preferred Address City/State/Zip

Daytime Telephone Number E-mail Address

The delegate will will not march in the inaugural procession

A spouse or guest will will not accompany the delegate

Name of Delegate's Spouse/Guest _____

Delegates shall provide their own academic regalia.

Please list any special needs on the reverse side of this card.

*For additional information, call (540) 458-8700
or e-mail inauguration@wlu.edu.*
