

# Reunions Unlimited Inc.

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CENTRAL ISLIP HIGH SCHOOL  
CLASS OF 1988  
TWENTY YEAR REUNION  
OCTOBER 4, 2008

\*\*\*\*\*  
You and your guest are cordially invited to attend the  
Central Islip High School Twenty Year Reunion  
on Saturday, October 4, 2008 at eight o'clock in the evening

The Hyatt Regency Wind Watch Hotel  
1717 Vanderbilt Motor Parkway  
Hauppauge, New York

- \* Complete Buffet Dinner \* DJ \* Online Alumni Directory \*
- \* Your friends and memories from Central Islip High School \*

COST - \$90.00 per person  
R.S.V.P. by September 12, 2008

### CENTRAL ISLIP HIGH SCHOOL REUNION COMMITTEE

Wendy Finnin Kellerman Kim Nielsen Sundberg  
Michelle Crawford Calabro

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The price of the reunion includes the labor intensive cost of putting the reunion together which includes the extensive research needed to locate as many graduates as possible, all mailings (printing, postage, labor), typing, printing, creating name tags, compiling and updating lists, phone calls, accounting, administrative work, and the duties of the registration staff the evening of the reunion. Please be advised that REUNIONS UNLIMITED, INC. and Classmates.com are two entirely separate entities. REUNIONS UNLIMITED, INC. compiles its own mailing lists which are *far more extensive and complete* than any list on Classmates.com. Only REUNIONS UNLIMITED, INC. has your complete class list! Only REUNIONS UNLIMITED, INC. knows the actual number of people attending your reunion. The number of attendees actually coming to the reunion far exceeds any information on another company's website, which is incomplete at best. Please retain this information as this will be our last mailing. No tickets will be issued for the reunion. Refund provided only upon fifteen days notice prior to the reunion. There will be a \$20.00 service fee charged per person in the event of a refund. Admissions are non transferable.

DETACH HERE-----

### REGISTRATION FORM

(FIRST) (MAIDEN) (LAST)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DAY \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF GUEST: \_\_\_\_\_

Enclosed is my check in the amount of \_\_\_\_\_ for \_\_\_\_\_ admittance(s).

Please check here to have your name and address/e-mail included in our online alumni directory

Please make check payable and mail to: REUNIONS UNLIMITED, INC  
P.O. BOX 150  
ENGLISHTOWN, NJ 07726

CENTRAL ISLIP 88

