2015 COMMENCEMENT/REUNION WEEKEND
May 14-17, 2015

Dollars for Scholars
THE ANNUAL SCHOLARSHIP BANQUET & GALA

WHAT REUNION CLASSES HAVE RAISED IN THE PAST

1990 $332,270
1995 $328,977
2000 $433,593
2005 $496,319
2010 $600,578
2015 TO DATE $223,018

May we count on you?

Dr. Kimbra Bell ’86
President

Robert S. Poole
Senior Vice President
Institutional Advancement

Dr. Henry A. Moses
Executive Director

**Meharry National Alumni Association, Inc.**  
**2014-2015**  
**Officers**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kimbra A. Bell, MD’96</td>
<td>President</td>
</tr>
<tr>
<td>Fernando Daniels, III, MD’78</td>
<td>President-Elect</td>
</tr>
<tr>
<td>Dawn Griffin, PhD., MSPH’95</td>
<td>1st Vice President</td>
</tr>
<tr>
<td>John A. Flowers, Sr., MD’73</td>
<td>2nd Vice President</td>
</tr>
<tr>
<td>Anna Louise Mallette, MD’96</td>
<td>Interim Secretary</td>
</tr>
<tr>
<td>Lewis Hargett, MD’87</td>
<td>Treasurer</td>
</tr>
<tr>
<td>Norman Jones, MD’81, MSEd</td>
<td>Immediate Past President</td>
</tr>
</tbody>
</table>

**Staff**  
615-327-6266 (Main Line)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry A. Moses, Ph.D.</td>
<td>Executive Director</td>
</tr>
<tr>
<td><a href="mailto:hmoses@mmc.edu">hmoses@mmc.edu</a></td>
<td></td>
</tr>
<tr>
<td>615-327-6732</td>
<td></td>
</tr>
<tr>
<td>Camille Calloway, BBA, PHR</td>
<td>Consulting Director for Finance/Business Operations</td>
</tr>
<tr>
<td><a href="mailto:ccalloway@mmc.edu">ccalloway@mmc.edu</a></td>
<td></td>
</tr>
<tr>
<td>615-327-6029</td>
<td></td>
</tr>
<tr>
<td>Rahwa Mehari, M.S.</td>
<td>Assistant Director for Alumni Affairs</td>
</tr>
<tr>
<td><a href="mailto:rmehari@mmc.edu">rmehari@mmc.edu</a></td>
<td></td>
</tr>
<tr>
<td>615-327-2912</td>
<td></td>
</tr>
<tr>
<td>Mary Solomon, M.A.</td>
<td>Assistant Director for Chapter and Membership Development</td>
</tr>
<tr>
<td><a href="mailto:msolomon@mmc.edu">msolomon@mmc.edu</a></td>
<td></td>
</tr>
<tr>
<td>615-327-2912</td>
<td></td>
</tr>
</tbody>
</table>

**Convention Reminder**

**National Dental Association**  
Chicago, Illinois  
July 25-29, 2015

**Convention Reminder**

**National Medical Association**  
Detroit, Michigan  
August 1-5, 2015
REGISTRATION INFORMATION 2015

BASIC REGISTRATION ONLY:

______ Registration (Includes Name Badge w/reunion year and Meharry Tote) $35.00 advance - $40.00 on-site

PACKAGE OPTIONS:

Package 1—Leisure Package
Package 2—Golf Package
Package 3—Academic Package
Package 4—Academic and Golf Package

A la Carte (Additional Tickets required for other guests)

Please see pages 12 and 13 for package and payment options

To facilitate registration you may advise us of your intention to attend your 2015 Reunion by the following methods:

1. Advance registration (Fax, Mail or Phone)

2. E-Mail the Alumni Affairs Office (ccalloway@mmc.edu)

3. Fax a letter and/or registration form with or without payment (615-327-6621)

4. Call the office to RSVP (615-327-6266 or 1-800-824-9693) Before 05/09/2015

THE EVENING FUNCTIONS WILL HAVE CASH BARS

PLEASE DO NOT CHARGE ANY

BEVERAGES TO THE ASSOCIATION OR THE COLLEGE!
AUTHORS INVITED TO PARTICIPATE IN THE
BOOKS, CRAFTS AND ARTS FAIR

Faye Barclay-Shell, MD
A. Cherrie Epps, PhD
Lanny Green, MD
Edwin Harvey Hamilton, MD, D. Min.
Sonnie Hereford, MD
Charles W. Johnson, MD, MS (deceased)
represented by Mattie S. Johnson
Mattie S. Johnson, MSPH
Jennifer Jordan, MD
Deborah Liggon, MD
John B. Lott, Sr., DDS
Pamela H. Payne-Foster, MD
G. B. Singh, DDS
Emma J. Wisdom, MS
Rebera Elliott Foston, MD
The Patricia Baker Apron Ladies
Iris Shannon, RN, PhD
Gregory Douglas, MD
36th Annual Internal Medicine Commencement Seminar:
Friday, May 15, 2015

A NOVEL APPROACH TO TREATING
IRRITABLE BOWEL SYNDROME

8:30 am  Welcome
8:45 am  Presentation
9:45 am  Presentation
10:05 am Presentation
10:50 am Gas Fermentable Oligo-Di-Monosaccharides and Polyols Diet
11:30 am Bariatric Surgery
12:30 pm Luncheon & Panel Discussion With Discussants
1:30 pm Clinical Skills Workshop/Demonstration
2:45 pm Adjourn

~, ~, ~, ~, ~
8:30 a.m.—3:30 p.m.
Kresge Learning Resources Center

NAME
SPECIALTY
ADDRESS
CITY STATE ZIP

Physicians - $195
Nurses/and Others Health Professionals - $50

Meharry National Alumni Association, Inc.
Attn: Camille Calloway
P. O. Box 331227
Nashville, TN 37203
1-800-824-9693 / 615-327-6266

AMA PRA Category Credits™

Credit Designation: 6 hours
Continuing Medical Education
“Access to Care: New Variations on a Theme”

Access to Care is the new paradigm for health policy and health services. Access is concerned with helping people command appropriate health care resources in order to preserve or improve their health, as well as their community’s wellbeing. Access is a complex concept. The extent to which a population experiences “access to care” depends on financial, organizational and social or cultural barriers that limit the utilization of services. The availability of services in our community must be considered within the context of the health needs and material and cultural settings of diverse groups.

This alumni lecture series will address how access to care can be accomplished utilizing the oral healthcare team in order to help our patients gain access leading to healthy outcomes using various strategies that our speakers will present.

Full Name (Mr./Mrs./Ms./Dr.): ____________________________________________________________
School or Institutional Affiliation (if any): __________________________________________________
Title/Academic Rank (if any): ___________________________________________________________
Title/Academic Rank (if any): ___________________________________________________________
Phone Number (H) __________________________ (W) __________________________ E-Mail Address: __________________________
Mailing Address: ________________________________________________________________
City: __________________________________________ State: __________ Zip-Code: __________

Registration Fees:

MMC Alumni $250
Dentists - $299
Dental Hygienists - $50
Dental Assistants/Office Personnel - $30

Mail completed form with check to:

Meharry National Alumni Association, Inc.
Attn: Camille Calloway
P. O. Box 331227
Nashville, TN 37203
1-800-824-9693/615-327-6266
or
Meharry Medical College
School of Dentistry
Nashville, Tennessee

ADA CERP® Continuing Education Recognition Program
Entry Form

Name: _______________________________________________________________
Address: ___________________________________________________________________
City: ___________________________ State: ______________ Zip: ______________
Telephone: (Home) _______________________  (Work) _______________________

No selection of the Flights below will automatically place you in the Amateur Flight
___Amateur (under 50) ___ Sr. Amateur (over 50) or ___Ladies

Sponsorship Level: (Check one)
___Platinum $ 1500 - 8 playing spots, signage, appreciation gift
___Gold $ 800 - 4 playing spots, signage
___Silver $ 625 - 3 playing spots, signage
___Bronze $ 525 - 3 playing spots
___Hole Sponsor $ 275 - Hole sponsor, signage
___Golfer $ 175 - 1 playing spot

Golfers will receive green fees, cart, refreshments, and “Player Pack”. First, second and third
place awards will be presented. (For further information, you may call (800) 824-9693).

Hole sponsorship – Signage Provided

DEADLINE TO RETURN ENTRY FORM - May 8

Please make checks payable to Meharry National Alumni Association, Inc.

Please charge the total amount to the account checked below:

American Express Master Card Visa
# _____________ _____________ Exp. Date _____________ CVV _____________

Name as it appears on Card ____________________________________________
(Print)

Signature ___________________________________________________________

Total amount to be charged: $ ______________________________

Hermitage Golf Course
3939 Old Hickory Boulevard
Old Hickory, TN
615-847-4001
REGISTRATION

______ I plan to attend the 2015 Reunion

______ I will attend the 2015 Commencement

______ I will not be able to attend the 2015 Reunion, however
enclosed is a class/chapter gift of $__________

______ SPECIAL NEEDS: Check here if you have special needs

Please describe: __________________________________________________________________________

NAME AND ADDRESS

Class Year________ Degree Received_____________ Specialty:____________________________________

Last Name________________________ First Name____________________ Middle____________________

Spouse's Name________________________ Alumnus/na __________ Yes_______ No________

Address________________________________ City________________ State________ Zip________

Home Phone (___)____________ Work Phone (___)_____________ Fax Number (___)_____________

E-Mail Address________________________________________________________________________

ALUMNI DUES

If you have not paid your 2015 Alumni dues, you may do so now.

______ Full Member:  $200 per year (Alumni: Dentists, Physicians and PhDs)

______ Full Member:  $100 per year (Alumni: Military Personnel, Residents, Nurses, Allied Health/Public Health Professionals, and others)

______ Life Member:  $5,000 ($1,000 now; $4,000 over the next 3 years)
Alumni: Dentists, Physicians and Ph.D.’s ______ $1,000 (For All Nurses)

______ Associate Member:  $75 per year (Non-Alumni: Friends and Supporters)

TOTAL DUES $ __________________

(The Association operates because you care!)
Meharry National Alumni Association, Inc.

__ Donation to General Scholarship for Meharry Medical College
__ Donation to Henry Moses Discretionary Fund
__ Donation to SELF (Student Emergency Loan Fund)
__ Payment for Dues
__ Other Contributions (Please Indicate) _______________________________________

Name: ___________________________________________________________________ Date __________

Address: _____________________________________________________________________________________

City/State/Zip Code ____________________________________________________________________________

E-mail Address: ___________________________________ Specialty: __________________________________

PAYMENT OPTIONS

___ Please make checks payable to Meharry National Alumni Association, Inc.

___ Please charge my donation and/or association dues to:

   _____ American Express   _____ MasterCard   _____ Visa

Amount Paid __________________________

Account Number_________________________ Exp. Date____________________________

Name as it appears on card ____________________________________________________________

Signature__________________________________________________________

Return To:  Meharry National Alumni Association, Inc.
c/o Meharry Medical College
1005 Dr. D. B. Todd, Jr., Blvd.
LRC Suite 616 or 622
Nashville, TN   37208
**Thursday, May 14**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 a.m. — 4:00 p.m.</td>
<td>Alumni Registration</td>
<td>Lobby, S. S. Kresge Learning Resources Center</td>
</tr>
<tr>
<td>10:00 a.m. — 12:00 noon</td>
<td>Alumni Refreshment Station</td>
<td>S. S. Kresge Learning Resources Center 6th Floor Conference Room</td>
</tr>
<tr>
<td>1:00 p.m. — 3:00 p.m.</td>
<td>Dental Continuing Education</td>
<td>Cox Auditorium, School of Dentistry</td>
</tr>
<tr>
<td>4:00 p.m. — 6:00 p.m.</td>
<td>MNAA Executive Committee Meeting</td>
<td>6th Floor—S.S. Kresge Center</td>
</tr>
<tr>
<td>7:00 p.m. — 9:00 p.m.</td>
<td>“Let’s Reminisce”</td>
<td>Alumni Lounge 6th Floor—S. S. Kresge Center</td>
</tr>
</tbody>
</table>

**Friday, May 15**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 a.m.</td>
<td>28th Charles E. Brown Memorial Golf Tournament</td>
<td>Hermitage Golf Course</td>
</tr>
<tr>
<td>9:00 a.m. — 6:30 p.m.</td>
<td>Alumni Registration</td>
<td>Lobby, S. S. Kresge Learning Resources Center</td>
</tr>
<tr>
<td>9:00 a.m. — 10:45 a.m.</td>
<td>Meharry Nursing Society</td>
<td>Lyttle Hall</td>
</tr>
<tr>
<td>8:00 a.m. — 12:00 noon</td>
<td>Dental Continuing Education</td>
<td>Cox Auditorium, School of Dentistry</td>
</tr>
<tr>
<td>8:30 a.m. — 3:30 p.m.</td>
<td>Medical Continuing Education</td>
<td>S. S. Kresge Learning Resources Center Lecture Hall 1</td>
</tr>
<tr>
<td>10:00 a.m. — 12:00 p.m.</td>
<td>Alumni Refreshment Station</td>
<td>S. S. Kresge Learning Resources Center 6th Floor Conference Room</td>
</tr>
<tr>
<td>11:00 a.m. — 2:00 p.m.</td>
<td>Satisfy Your Soul Food Palate</td>
<td>See recommended places listed in brochure</td>
</tr>
<tr>
<td>11:00 a.m.—2:00 p.m.</td>
<td>Women’s Health Event</td>
<td>The Cal Turner Family Center</td>
</tr>
<tr>
<td>11:00 a.m. — 4:00 p.m.</td>
<td>Books, Arts, and Crafts Fair</td>
<td>The Cal Turner Family Center</td>
</tr>
<tr>
<td>12:30 p.m. — 1:30 p.m.</td>
<td>Meharry Cohort Study Luncheon</td>
<td></td>
</tr>
</tbody>
</table>
Friday, May 15 (con’t)

3:00 p.m. — 5:30 p.m. Meharry National Alumni Association, Inc. Annual Meeting
(State of the Schools Addresses will be given first)
Location: Lecture Halls #3 and 4
S. S. Kresge Learning Resources Center

6:00 p.m. — 6:30 p.m. Class Agents Meeting
Location: The Cal Turner Family Center

7:00 p.m. — 10:00 p.m. The Silver Anniversary Celebration
Location: The Cal Turner Family Center
Ballroom A

7:00 p.m. — 10:00 p.m. The Golden Anniversary Celebration
Location: The Cal Turner Family Center
Ballroom B

7:00 p.m. — 10:00 p.m. Individual Class Reunion Receptions
Location: The Cal Turner Family Center

7:00 p.m. — 9:00 p.m. Nurses Reunion Reception
Location: The Cal Turner Family Center

9:30 p.m. — 12:00 a.m. “An Evening of Jazz”
Location: The Cal Turner Family Center

Saturday, May 16

10:00 a.m. 139th Commencement Exercises
Commencement Speaker: Dr. David Satcher, former President,
Location: Gaylord Opryland Resort and Convention Center
Delta Ball Room
2800 Opryland Drive — Nashville, TN  37214

6:00 p.m. Meharry Alumni Gala
Cocktail Hour, Dinner and Dance
Location: The Cal Turner Family Center
featuring: Joe Johnson

Sunday, May 17

10:00 a.m. – Noon Alumni Farewell Champagne Jazz Brunch
Location: The Marriott Hotel at Vanderbilt University (Host Hotel)
featuring: Thomas Cain
# Alumni Package Options

~ Please Circle Package Type ~

<table>
<thead>
<tr>
<th>Package</th>
<th>Package Total</th>
<th>Additional Packages</th>
<th>Total Price</th>
</tr>
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<tbody>
<tr>
<td><strong>Package 1 - Leisure Package</strong> -</td>
<td>$ 280.00</td>
<td></td>
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</tr>
<tr>
<td>Registration and One (1) ticket to each of the following:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Thursday</strong> - Let’s Reminisce Mixer</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Friday</strong> - Class Reception or Anniversary Dinner—Complimentary Events</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Evening of Jazz—Complimentary Event</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Women’s Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Saturday</strong> - Alumni Gala</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Sunday</strong> – Alumni Champagne Brunch</td>
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</tbody>
</table>

| **Package 2- Golf-Package** - | $ 455.00 | | |
| Registration and One (1) ticket to each of the following: | | | |
| **Thursday** - Let’s Reminisce Mixer | | | |
| **Friday** - Golf Tournament | | | |
| Class Reception or Anniversary Dinner, Evening of Jazz - Complimentary Events | | | |
| Women’s Health | | | |
| **Saturday** - Alumni Gala | | | |
| **Sunday** – Alumni Champagne Brunch | | | |

| **Package 3- Academic Package** - | | | |
| Dental | $ 530.00 | | |
| Medical | $ 475.00 | | |
| Nurses | $ 330.00 | | |
| Continuing Education Course/Credits (payment for course) | | | |
| Medical _____ Dental _____ Nurses _________ | | | |
| Registration and One (1) ticket to each of the following: | | | |
| **Thursday** - Let’s Reminisce Mixer | | | |
| **Friday** - Class Reception or Anniversary Dinner, Evening of Jazz - Complimentary | | | |
| Women’s Health Event | | | |
| **Saturday** - Alumni Gala | | | |
| **Sunday** – Alumni Champagne Brunch | | | |

<p>| <strong>Package 4 – Academic and Golf</strong> | | | |
| Dental | $ 655.00 | | |
| Medical | $ 650.00 | | |
| Nurses | $ 505.00 | | |
| Continuing Education Course/Credits (payment for course) | | | |
| Medical _____ Nurses _____ Dental _______ | | | |
| Registration and One (1) ticket to each of the following: | | | |
| <strong>Thursday</strong> - Let’s Reminisce Mixer | | | |
| <strong>Friday</strong> - Golf Tournament, | | | |
| Class Reception or Anniversary Dinner, Evening of Jazz - Complimentary | | | |
| Women’s Health Event | | | |
| <strong>Saturday</strong> - Alumni Gala | | | |
| <strong>Sunday</strong> – Alumni Champagne Brunch | | | |</p>
<table>
<thead>
<tr>
<th>Activity</th>
<th>Fee</th>
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<tr>
<td><strong>A la Carte (Additional Tickets may be purchased for guests)</strong></td>
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</tr>
<tr>
<td>Registration</td>
<td>$ 40.00</td>
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<tr>
<td>Continuing Education Course/Credits</td>
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</tr>
<tr>
<td>Dental</td>
<td>$250.00 Dental</td>
</tr>
<tr>
<td>Medical</td>
<td>$ 50.00 DH</td>
</tr>
<tr>
<td>Nurses</td>
<td>$ 30.00 DA/OP</td>
</tr>
<tr>
<td><strong>Thursday -</strong></td>
<td></td>
</tr>
<tr>
<td>Let’s Reminisce Mixer</td>
<td>$ 45.00</td>
</tr>
<tr>
<td><strong>Friday -</strong></td>
<td></td>
</tr>
<tr>
<td>Golf Tournament</td>
<td>$175.00</td>
</tr>
<tr>
<td><strong>Women’s Health Event</strong></td>
<td></td>
</tr>
<tr>
<td>**Class Receptions (Everyone who is <strong>NOT</strong> in Silver or Golden Classes) <strong>……</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Evening of Jazz with Joe Johnson</strong></td>
<td></td>
</tr>
<tr>
<td>Silver Dinner (Class of 1990)</td>
<td>$145.00</td>
</tr>
<tr>
<td>Golden Dinner (Class of 1965 and older)</td>
<td></td>
</tr>
<tr>
<td><strong>Saturday -</strong></td>
<td></td>
</tr>
<tr>
<td>Alumni Gala, (Cocktail Hour, Dinner and Dance)</td>
<td>$145.00</td>
</tr>
<tr>
<td><strong>Sunday –</strong></td>
<td></td>
</tr>
<tr>
<td>Alumni Champagne Brunch</td>
<td>$ 55.00</td>
</tr>
<tr>
<td>featuring <strong>Erik Werner Trio</strong></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ADDITIONAL TICKETS**

**GRAND TOTAL**

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**~Payment Options ~**

_________ Please make checks payable to Meharry National Alumni Association, Inc. or
_________ Please charge the total amount to the credit card checked below:

<table>
<thead>
<tr>
<th>American Express</th>
<th>Master Card</th>
<th>Visa</th>
</tr>
</thead>
<tbody>
<tr>
<td>#________________</td>
<td>_____________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exp. Date</td>
<td>CVV</td>
</tr>
</tbody>
</table>
| (the 3 digit number on the backs of your card)

Name as it appears on Card_____________________________________(Print)

Signature______________________________________________________

Total amount to be charged: $____________________________________
**HOTEL ACCOMMODATIONS**

Nashville Marriott at Vanderbilt University, the Official Headquarters Hotel. **The rates plus applicable taxes are:**

- Single/Double — $209.00
- Triple — $219.00
- Quad — $229.00

Guest can call 1-800-285-0190 and reference Meharry Reunion. Reservation Link: [Book your group rate: Meharry Medical College 2015 Reunion >>](#)

The deadline for attendees to make their reservations at the rates listed above is April 24, 2015, by 5:00 p.m.

**Nashville Marriott at Vanderbilt University**

2555 West End Avenue  
Nashville, TN 37203  
(615) 321-1300

---

**How to Register**

In order to expedite registration, please refer to the forms on pages 5-13.

**Make check payable to**

*Meharry National Alumni Association, Inc.*

Mail completed registration form and check by May 4, 2015 to:

**Meharry National Alumni Association, Inc.**  
P. O. Box 331227  
Nashville, TN 37203-7512

Please fax registrations to (615) 327-6621. Faxed registrations must include all credit card information. **Advance payment prices may be made on site if you RSVP before the deadline.**

For further information about Reunion 2015, please contact the Meharry National Alumni Office, **Mary Solomon / Rahwa Mehari / Camille Calloway**  
1-615-327-6266 or 1-(800) 824-9693.

**Dr. Henry A. Moses 1-615-327-6732**

**IA representative: Frances Wright**  
615-327-6344 or 1-800-634-2779

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**MNAA Membership**

Membership in the Meharry National Alumni Association is the backbone of the alumni association. Your membership supports the operations of MNAA, the magazine, and helps maintain alumni chapters.

Please see the enclosed dues form which may also be mailed with your registration form.

**Refunds:**

If you need to cancel before May 4, 2015, a refund less $100.00 processing fee will be mailed after June 7, 2015. Contact the MNAA office at: 1-800-824-9693 or 615-327-6266 to cancel. No refunds will be made after May 4, 2015.

**Return Checks:**

You will be charged $50.00 (in addition to whatever fees your bank may charge you) plus the amount of the check.

---

**Parking on Campus**
Class of 1945
Natalia Tanner Cain, MD – (586) 703-3555

Class of 1955
Allen Crooms, DDS – (919) 829-9093
Aline Young, RN – (708) 229-9174
Charles McIntosh, MD – (904) 764-4161
mcintcb@comcast.net

Class of 1960
Fred Fielder, DDS – (615) 876-1938
ffelder1960@bellsouth.net
Robert E. Mines, MD – (510) 749-1141
drbemines@aol.com
James Bridges, MD – (305) 696-7759
burgesplane@aol.com
Charles Lester, DDS – (318) 636-2991
erdilester@bellsouth.net

Class of 1965
George Breaux, MD – (615) 255-3391
gbreaux@mmc.edu
Billy R. Ballard, DDS – (615) 370-5477
ballardrc@comcast.net
Melvin Wright, DDS – (731) 424-4351
melvinwright@charterinternet.com
Harry Morgan, MD – (215) 353-2640
h.morgan3@comcast.net

Class of 1970
Deirdre Holloway Waterman, MD – (248) 758-3181
dwat248@comcast.net
Milton Hamblin, MD – (330) 867-0041
d.hamblin@att.net
Roy Guster, DDS – (773) 445-1009
molardata@gmail.com
Ronald Neal, MD – (773) 783-2000

Class of 1975
Larry S. Perry, MD – (443) 850-9467
larrysperrymd@yahoo.com
Artmas Worthy, DDS – (615) 642-2992
worthydentistry@yahoo.com
Roderick H. Adams, Jr., DDS – (216) 543-2915
rhajrdds@yahoo.com

Class of 1980
Billy R. Ballard, MD – (615) 370-5477
ballardrc@comcast.net
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bhbartonddspc@gmail.com
Barbara Duncan-Cody, MD – (901) 278-1412
stork80@bellsouth.net
S.L. Lampkin, MD – (615) 254-1786
southstreet901@aol.com
Kenneth Nash, DDS – (601) 634-1812
drknash@aol.com
<table>
<thead>
<tr>
<th>Class of 1985</th>
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<tbody>
<tr>
<td>Cosmas Onuora, MD – (330) 966-2292</td>
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<tr>
<td>Harvey W. Bowles, MD – (615) 424-9092</td>
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<tr>
<td>Marla Coleman-Holloway, DDS – (404) 523-8418</td>
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<th>Class of 1990</th>
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<tr>
<td>SannaGai Brown, MD – (404) 401-7898</td>
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<tr>
<td>Debra Henry Cooper, MD – (703) 739-6746</td>
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<tr>
<td>Terrence Augillard, DDS – (504) 947-7700</td>
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<tr>
<td>Donna Wilkerson, DDS – (404) 876-7200</td>
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<tr>
<td>Cherae M. Farmer-Dixon, DDS – (615) 327-6207</td>
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<tr>
<td>Shelley Williams Griffin, MD – (301) 439-0267</td>
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<tbody>
<tr>
<td>Fredrick Hodges, MD – (901) 628-3559</td>
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<tr>
<td>Emmanuel Osimba, MD – (334) 298-7897</td>
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<tr>
<td>Jeanette Pope-Osimba, DDS – (229) 395-6869</td>
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<tr>
<td>Dawn Griffin, MSPH, PhD – (205) 213-7241</td>
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<th>Class of 2000</th>
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<tr>
<td>Paula Coates, DDS –(312) 371-4574</td>
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<tr>
<td>Toni Bowden, DDS</td>
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<tr>
<td>Adrienna Boynton, MD – (323) 751-8771</td>
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<tr>
<td>Garland Green, MD – (225) 673-8042</td>
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<th>Class of 2005</th>
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<tr>
<td>David R. Maxwell, DDS – (615) 473-9983</td>
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<tr>
<td>Kevin E. Woods, MD – (404) 273-7890</td>
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<tr>
<td>Kevin J. Robinson, DDS – (615) 834-5613</td>
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<th>Class of 2010</th>
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<tr>
<td>Jonathan Laymance, MD – (423) 539-8800</td>
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<tr>
<td>Justin Washington, DDS</td>
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Meharry Reunion 2015  
Places to Dine  
for  
Soul Food & Catfish  
Friday, May 16, 2015

**Ed’s Fish**  
615-255-4362  
1801 Dr. D. B. Todd, Jr. Blvd.  
At the corner of Dr. B. B. Todd, Jr. Blvd. and Buchanan St.  
Approximately 8 blocks from campus

**Ella Jean’s**  
615-327-2100  
2116 Meharry Blvd.  
Across the street from the  
Harold D. West Basic Sciences Center

**Harper’s**  
615-329-1909  
2610 Jefferson St.  
Approximately 4 blocks from campus

**Swett’s**  
615-329-4418  
2725 Clifton Ave.  
Take Jefferson to 28th Ave. N  
Turn left—travel 28th to Clifton  
Restaurant is on the left
2015 REUNION AWARDS

MEHARRY MEDICAL COLLEGE

OUTSTANDING ALUMNUS/A DONOR OF THE YEAR
Presented to the alumnus/a who made the largest cash contribution during his/her reunion year.

OUTSTANDING FINANCIAL CLASS OF THE YEAR
Presented to the class with the largest cash contributions made during their reunion year.

OUTSTANDING PLANNED GIVING CLASS OF THE YEAR
Presented to the class with the largest number of documented gift commitments in their reunion year.

OUTSTANDING YOUNG ALUMNI CLASS OF THE YEAR
Presented to the class celebrating its first or second reunion with the highest percentage of returning alumni AND largest number of alumni who made contributions during reunion.

MEHARRY NATIONAL ALUMNI ASSOCIATION, INC.

FACULTY OF THE YEAR
Presented to the alumnus/a faculty member who exemplifies the Spirit of Meharry and is active with the MNAA.

CLASS OF THE YEAR
Presented to the class with the largest percentage of class members returning for reunion who have paid alumni dues and have made a contribution to the College in their reunion year.

ALUMNUS/A OF THE YEAR
Presented to the alumnus/a who made outstanding contributions and support to the College and MNAA.

CHAPTER OF THE YEAR
Presented for outstanding chapter activities/events, mentoring, support of MNAA and community involvement.

ALUMNI MENTOR OF THE YEAR
Presented to the alumnus for outstanding service in the Chapter Student Mentoring Program.

THE PACESETTERS AWARD
Presented to Class with the highest percentage of Registered Alumni.

LONGIVITIY OF SERVICE AWARD
Presented to the Alumnus (who is in attendance) in reunion who graduated before all other attendees.

THE DEADLINE DATE FOR SUBMISSION OF NOMINATIONS FOR FACULTY OF YEAR, ALUMNUS OF YEAR AND ALUMNI MENTOR OF YEAR IS APRIL 15, 2015.
There are many ways to have a lasting legacy at Meharry by making:

- a gift through your will
- a gift of a retirement plan asset
- a gift of life insurance

To learn more, call Ruth Johnson, 615.327.6045
or email rejohnson@mmc.edu.