

REGISTRATION FORM



The Holocaust: What Was It, Who Knew, Who Cared?

27th Annual Arkansas Holocaust Education Conference
Jones Center for Families
Springdale, Arkansas



ARHolocaustPrograms.org

Conference Date: **Friday, November 16, 2018**
8:15 a.m. – 3:00 p.m.

Registration Deadline: Friday, November 2, 2018



Name: _____

Mailing Address: _____

Email: _____

Name of School & School Address: _____

School Business Office (if using a purchase order):

1) LUNCH FEES: Indicate number(s) attending in box below

@ \$20.00 per registrant.

2) Attach list of names of registrants.

3) Participants are encouraged to select a variety of sessions; however, session participation is first come, first served.

4) The students should come with some prior knowledge of the Holocaust to fully participate in the session discussions.

TOTAL \$\$ LUNCH AMOUNT included with registration form.

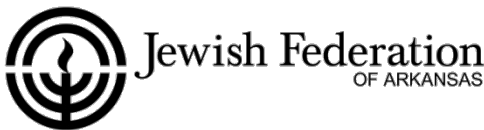
OR

TOTAL \$\$ LUNCH AMOUNT TO BE BILLED TO SCHOOL BUSINESS OFFICE (PO)
Attach purchase order with this form.

An optional donation is appreciated. Registrations do not cover all expenses. We are non-profit 501c3.

Donation Amount:

SPONSORS



Abraham Jakubowicz Fund for Holocaust Education

The Roy & Christine Sturgis Charitable Trust,
Temple Shalom of Northwest Arkansas and
Congregation Etz Chaim of Northwest Arkansas.

**MAIL REGISTRATION TO
ARKANSAS HOLOCAUST EDUCATION COMMITTEE
PO BOX # 1371 SPRINGDALE, AR 72765-1371**

Please enclose check or money order with registration.

Thank you.



For additional information call
Dr. Grace Donoho, 479-750-4930
or Email: ahec.holocaustconference@gmail.com