

EDUCATORS' SERIES REGISTRATION FORM

Please complete your registration form as soon as possible and send it to

Director, HEPRP

360 Amity Road, Woodbridge, CT 06525

or fax it to 203 387-1818

or copy / paste it into an email and send it to lkempton@jewishnewhaven.org

Name _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____

Home Phone _____ Home Fax Number _____

School _____

School Address _____

City _____ State _____ Zip Code _____

School Phone _____ School Number _____

Grade(s) Taught _____ Subject(s) _____

Please circle one: I **do** / **do not** need CEUs for my attendance.

Please check the sessions you will be attending below:

- Session 2: Tuesday, January 12, 2010
"Using Holocaust Literature in the Classroom"
- Session 3: Wednesday, March 10, 2010
" Resources and Technology from Facing History And Ourselves"
- Session 4: Tuesday, April 27, 2010
" Media Literacy"