

## **2009 Facing History and Ourselves Summer Seminar 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](mailto: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) \_\_\_\_\_

I do/do not need CEUs for my attendance.

How did you hear about the Seminar? \_\_\_\_\_

A lunch will be provided at the Institute each day. Do you have dietary restrictions?

Please indicate \_\_\_\_\_

Please let us know of any other teacher(s) in your school who may be interested in attending the Summer Seminar.

Name \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

**Please send this form plus the following items to hold your place in the Institute:**

- Check for \$75 made payable to the Holocaust Education Prejudice Reduction Program. Your check will be returned at the end of the Summer Seminar. It is a security deposit that will hold your reservation as Seminar participant.
- Half- to full-page statement. This is NOT a formal admission essay. It is simply biographical information that will help our facilitators get a sense of your interests and goals. You may also wish to discuss how you hope to use Facing History's methods in your classroom teaching. If you are attending the Seminar with another teacher from your school, you have the option of writing a joint essay that might discuss how you would work together as a team to use FHAO's methodologies.