



El Paso Holocaust Museum & Study Center's 2016 Educators' Conference

November 1 - 2, 2016

Registration Form

**Registration Deadline:
October 27, 2016**

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ E-Mail Address: _____

School

Name of School: _____ District: _____
Grade Level: _____ Campus Principal: _____
School Address: _____ City: _____ State: _____ Zip: _____

Cost: \$95.00 Payment:

Please Note: Registration fees are non-refundable

Scholarship Recipient? : _____

Party Responsible for Payment: Self _____ School (Purchase Order) _____

Method of Payment: Check _____ Credit Card _____

Credit Card Information: Visa _____ MC _____ AMEX _____ Discover _____

Card Number: _____ Exp. Date: _____

Cardholder's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Note: Payment covers meals; curriculum guide; classroom materials & resources

Please mail/fax/e-mail forms to:

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El Paso Holocaust Museum and Study Center
715 N. Oregon, El Paso, TX 79902
P. 915.351.0048 x 28
F. 915.351.0908
jamie@elpasoholocaustmuseum.org

Or register online:

www.elpasoholocaustmuseum.org

