



# TEACHING THE HOLOCAUST EDUCATORS' CONFERENCE

May 3 - 4, 2010

**Registration Deadline: April 7, 2010**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## School

Name of School: \_\_\_\_\_ District: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Campus Principal: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_

## Payment

**Please Note: registration fees are non-refundable**

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: \_\_\_\_\_

**Please mail/fax/email registration forms to:**

Jamie Williams

Education Director

El Paso Holocaust Museum and Study Center

715 N. Oregon

El Paso, TX 79902

915.351.0048 x 28 Fax: 915.351.0908 jamie@elpasoholocaustmuseum.org