

# 2006 Teachers Institute Registration Form

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
School: \_\_\_\_\_ Years of Teaching Experience: \_\_\_\_\_  
School Address: \_\_\_\_\_ Grade: \_\_\_\_\_  
District: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
School Phone: \_\_\_\_\_

Choose two morning workshops from each session, a total of four.  
You will be informed of the two morning workshops assigned.  
We will try to honor your choices.

Session One 1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_    Session Two 5\_\_\_ 6\_\_\_ 7\_\_\_ 8\_\_\_

Send Registration Form and check for \$35.00 (includes lunch and materials) to:

**Holocaust and Human Rights Education Center**  
**2900 Purchase Street**  
**Purchase, NY 10577**

Make check payable to HHREC (**Holocaust and Human Rights Education Center**)  
Space is limited. Please respond by October 9 to ensure enrollment in your preferred workshops.

For additional information or to fax a registration with credit card payment please call:  
**Phone: 914.696.0738    Fax: 914.696.0843**  
Visa, MasterCard and American Express Accepted  
**Email: [whc@bestweb.net](mailto:whc@bestweb.net)**

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