



# INTERFAITH HOLOCAUST MEMORIAL MUSEUM

## TRIP TO WASHINGTON D.C.

**FEBRUARY 24-26, 2006**

### REGISTRATION FORM

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**PHONE** (    ) \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**MEDICAL HISTORY** Should you need treatment are there any conditions, allergies, medications, special needs, etc. we should inform the attending physician?

\_\_\_\_\_  
\_\_\_\_\_

**YOUR INSURANCE COMPANY** \_\_\_\_\_

**POLICY NUMBER** \_\_\_\_\_ **GROUP NUMBER** \_\_\_\_\_

**PHONE NUMBER** (    ) \_\_\_\_\_

#### IN AN EVENT OF AN EMERGENCY, WHOM SHOULD WE CONTACT?

**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**HOME** (    ) \_\_\_\_\_ **WORK** (    ) \_\_\_\_\_ **PAGER/CELL** (    ) \_\_\_\_\_

**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**HOME** (    ) \_\_\_\_\_ **WORK** (    ) \_\_\_\_\_ **PAGER/CELL** (    ) \_\_\_\_\_

**WHICH RELIGION DO YOU AFFILIATE WITH?** \_\_\_\_\_

#### REGISTRATION INSTRUCTIONS:

Please return this registration form and a check for \$80.00 (non-refundable, made payable to Kent State Hillel) to the Hillel building (202 North Lincoln St., Kent, OH 44240) in person, by February 10<sup>th</sup>.

#### MANDATORY MEETING:

Sunday, February 12<sup>th</sup>, 6:30 pm- 9:30 pm, at the Newman Center, 1424 Horning Rd., Kent (snacks included).

#### QUESTIONS:

Contact Stefany at 330-678-0397 or email hillel@kent.edu