

**BETH SHOLOM CONGREGATION AND TALMUD TORAH
SECOND ANNUAL SHOAH SHABBATON
Saturday, May 17th, 2008**

***European Jewry: Yesterday, Today and Tomorrow*
The Rise of Anti-Semitism
And
Holocaust Education In European Countries**

**Presented By Ambassadors and Dignitaries From
*Austria, Bulgaria, Czech Republic, Denmark,
France, Germany, Holland, Hungary, Poland, United Kingdom
and the United States Holocaust Museum***

United in Friendship and United In Holocaust Education

SHABBATON PROGRAM

- Ceremony Honoring Holocaust Survivors
- Shabbat Luncheon at 12:15 pm
- Panel Of International Ambassadors and Dignitaries: 1:45 pm – 3:00 pm

Registration forms are available at
<http://www.bethsholom.org/Shabbatonim/Holocaustshabbaton08.htm>

If you are interested in being a part of the planning committee or for further information or questions, please contact Nira Berry at niraberry@gmail.com or Debbie Fisch at djfisch@comcast.net

Sponsored by Beth Sholom Adult Children of Survivors of the Holocaust
Shabbaton Co-Chairs: Nira Berry, Debbie Fisch, Alan Reinitz

2nd Annual Beth Sholom

Shoah Shabbaton

European Jewry: Yesterday, Today and Tomorrow

Saturday, May 17th, 2008

I. PERSONS ATTENDING LUNCH - All names must be included!

LAST NAME	FIRST NAME	AGE (IF 18 OR UNDER)

II. PAYMENT/SPONSORSHIP INFORMATION

EARLY REGISTRATION SPECIAL

REGISTER BY MAY 9, 2008

PATRON—ADD \$180 SPONSOR—ADD \$90

Total Number of:

Adults (16 and older) _____ @\$36 _____

Children under 16 _____ @\$18 _____

Children 5 and under _____ @\$10 _____

Sponsor _____

Patron _____

TOTAL AMOUNT: _____

REGISTRATIONS RECEIVED AFTER

MAY 9, 2008

PATRON—ADD \$180 SPONSOR—ADD \$90

Total Number of:

Adults (16 and older) _____ @\$46 _____

children under 16 _____ @\$25 _____

Children 5 and under _____ @15 _____

Sponsor _____

Patron _____

TOTAL AMOUNT: _____

III. PAYMENT INFORMATION

We accept payment via check, or credit card (MasterCard or VISA).

Faxed registrations may be paid with a credit card— 301.279.5815. E-mail registrations will be accepted at office@bethsholom.org and call 301.279.7010 .

Please circle the card that applies (for credit card payments): MC VISA

Card Number:

Exp. /
MM YY

Signature: _____

IV. CONTACT INFORMATION - MUST BE FILLED OUT

ADDRESS: _____

CITY/STATE/ZIP _____

PHONE NUMBER (H) _____ PHONE NUMBER (W) _____

E-MAIL ADDRESS: _____

IMPORTANT!

No registrations will be accepted later than NOON Wednesday May 14 , 2008