

Cohen Center for Holocaust & Genocide Studies
United States Holocaust Memorial Trip
Participant Information

Name: _____ **Student ID #** _____

Major: _____

Class (Freshman? Senior?) _____

School Address: _____ **Mailstop:** _____

Home Address: _____

Phone # _____ **Additional #** _____

Email: _____

Roommate preference? _____

How did you hear about the trip? _____

Is this your first trip to the Museum? _____
