



**Nametag:**

I would like my nametag to read as follows: \_\_\_\_\_

**Special Accommodations:**

If you require special accommodations for either your room or for the seminar part of the program, please specify below.

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

**Special Needs:**

If you have other special needs that we should be aware of, please specify below.

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

**Emergency Contact:**

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

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please list your previous Holocaust Education Training:**

- |     |   |                      |
|-----|---|----------------------|
| ___ | Yad Vashem Residential Program                      | Date: _____<br>MM/YY |
| ___ | USHMM Mandel Fellow Program                         | Date: _____<br>MM/YY |
| ___ | USHMM Belfer Program I or II (indicate I and/or II) | Date: _____<br>MM/YY |
| ___ | Facing History Week-long Residential Program        | Date: _____<br>MM/YY |
| ___ | Jewish Foundation for the Righteous                 | Date: _____<br>MM/YY |

Please list other Holocaust programs you have attended, e.g., lectures, seminars, workshops, travel/study programs, internships, conferences. Please provide the following information for each program: sponsor, length, date and any other information you believe would help us understand your previous education in the field.

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

**Please describe previous Holocaust teaching experiences:**

Course, grade level, number of years taught. Please add additional information as required.

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

**Agreement:**

As a middle or secondary school educator, I agree that if I am selected for the Cohen Center for Holocaust Studies Summer Institute for Teachers that I will serve as a resource person and teacher-trainer for the CCHS. I agree that my name and school affiliation may be publicly announced and included in press releases issued by The Cohen Center for Holocaust Studies and that this information, as well as my photograph or other likeness of me, may be used in CCHS publications, on the CCHS Internet Web site and in any CCHS video or audio materials. I agree to abide by all reasonable procedures and instructions issued by the CCHS and Program administrators if I am selected.

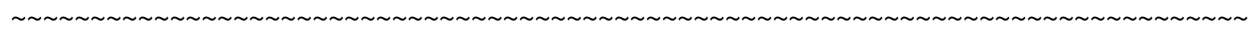
**CCHS Fellowship: Upon completion of the Institute you will become a Cohen Center Fellow.  
The service commitment of CCHS Fellows is as follows:**

1. The duration of the service commitment of a Cohen Center Fellow is two years.
2. The Fellow must serve as a regional contact and run (or co-run) one regional teacher sharing meeting or public event.
3. The Fellow must participate in at least one of the following during his/her service commitment:
  - Present a workshop at a professional conference
  - Write an article for a newspaper or professional journal
  - Conduct a book discussion in your community or a present a lecture
  - Develop a lesson plan for distribution
  - An approved idea not listed above

I, \_\_\_\_\_ hereby acknowledge and agree to the terms and conditions as stated herein in respect of my participation in the CCHS residential Summer Institute.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



Thank You!

**Please return this registration form and your check (The Cohen Center for Holocaust Studies) for \$150 (\$400 for non New Hampshire teachers) to cover your participant fee as soon as possible, but no later than April 18, 2008.**

All applications become the property of The Cohen Center for Holocaust Studies.