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

Name:_____**Student ID #**_____

Major:_____

Class: ☐ Freshman ☐ Sophomore ☐ Junior ☐ 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? _____

_____

A Bag Lunch will be provided on Saturday, March 29th . Please indicate below your preference of sandwiches.

☐ Sliced Turkey Breast on a Kaiser Roll

☐ Albacore Tuna on a Kaiser Roll

☐ Egg Salad on a Kaiser Roll

☐ Peanut Butter & Jelly

☐ Vegetable Wrap

To Drink:

☐ soda ☐ bottled water