



**World Federation of Jewish Child Survivors of the Holocaust and Descendants
27th Annual International Conference
of Child Survivors, Second and Third Generations, Spouses & Families**
In partnership with
Generations of the Shoah International

**Westin Galleria Houston, 5060 W. Alabama St., Houston, TX, USA 77056
Oct. 9-12, 2015**

REGISTRATION PACKET FOR ATTENDEES

**Latest news and information available at: www.hmh.org/World_Federation_Conference.shtml
For more information, email survivorconference@hmh.org or call 1-713-527-1614.**

Dear Friends,

- 1. The 2015 Conference Registration Form (2 pages)** may be completed online at www.hmh.org/World_Federation_Conference.shtml or filled out and mailed to: WFJCSHD/GSI-Houston 2015, c/o Holocaust Museum Houston, 5401 Caroline St., Houston, TX, USA 77004.
- 2. Payment** by check in U.S. dollars from a United States bank should be mailed with the form. To pay by credit card, please visit www.hmh.org/World_Federation_Conference.shtml.
- 3. Hotel Registration MUST be made directly** with the Westin Galleria Hotel online at <https://www.starwoodmeeting.com/StarGroupsWeb/booking/reservation?id=1405083073&key=18C16D8C> **OR** by phone at 866-716-8108. **Make sure you receive a hotel confirmation number when making your reservation. Our special rate of \$139/night is available three nights before and after the conference. The rate expires on Sept. 9, 2015.** Internet and self-parking will be complimentary.
- 4. Program includes:** Workshops for survivors, programs for 2Gs/3Gs, non-survivor spouses/partners, seminars, speakers, plenary sessions, 8 meals (Friday night through Monday breakfast – 3 dinners, 2 lunches, 3 breakfasts), *AND BEING TOGETHER!*
- 5. Transportation:** Both airports, Bush International (IAH) or Hobby (HOU) are convenient to the hotel. The hotel does not offer complimentary shuttle service. Ground transportation is available through SuperShuttle, Uber or by taxi. For detailed transportation information, visit www.visithoustontexas.com.
- 6. All monies in U.S. Dollars (\$) and checks must be from United States banks **OR** by credit cards through the conference web site, www.hmh.org/World_Federation_Conference.shtml**

WFJCSHD/GSI 2015 CONFERENCE REGISTRATION FORM
(Please PRINT CLEARLY in BLACK or BLUE INK)

FIRST Participant: Last & First Names As You Want Them to Appear on Your Nametag: _____

Street address: _____ City: _____

State/Province: _____ Zip/ Postal Code: _____ Country: _____ Phone: (____) _____

Email: _____ Country of Origin: _____ Year: _____

Original/maiden name: _____ Languages you speak: _____

Emergency Contact: _____ **Phone Number:** (____) _____

Food Requirements: Special dietary needs due to allergies; Please specify: _____
 Kosher Vegetarian Regular meals

SPECIAL REQUESTS: Shabbat observant Mobility problems (walker or wheelchair)

Will you stay at the hotel: Yes No **If you request a roommate, please indicate:** Male Female

Please check ALL that apply: Hidden Child Camp Survivor Kindertransport Non-survivor spouse/partner
 2nd Generation 3rd Generation Other (specify) _____

Is this your 1st conference? Yes No

Will you attend Shabbat Services Saturday morning? Yes No

Will you attend the Monday trip to Holocaust Museum Houston, beginning at noon and ending at 4 p.m, transportation and lunch included? (Free) Yes No

Member of: World Federation of Jewish Child Survivors of the Holocaust & Descendants
 Generations of the Shoah International Houston Holocaust Survivors & Descendants
 Other _____

***Do you wish your name to be listed in the List of Attendees?** Yes No

**The Attendees' Book includes names, addresses, telephone numbers, email addresses, country of birth and name at birth.*

SECOND Participant: Last & First Names As You Want Them to Appear on Your Nametag: _____

Street address: _____ City: _____

State/Province: _____ Zip/ Postal Code: _____ Country: _____ Phone: (____) _____

Email: _____ Country of Origin: _____ Year: _____

Original/maiden name: _____ Languages you speak: _____

Emergency Contact: _____ **Phone Number:** (____) _____

Food Requirements: Special dietary needs due to allergies; Please specify: _____
 Kosher Vegetarian Regular meals

SPECIAL REQUESTS: Shabbat observant Mobility problems (walker or wheelchair)

Will you stay at the hotel: Yes No **If you request a roommate, please indicate:** Male Female

Please check ALL that apply: Hidden Child Camp Survivor Kindertransport Non-survivor spouse/partner
 2nd Generation 3rd Generation Other (specify) _____

Is this your 1st conference? Yes No

Will you attend Shabbat Services Saturday morning? Yes No

Will you attend the Monday trip to Holocaust Museum Houston, beginning at noon and ending at 4 p.m, transportation and lunch included? (Free) Yes No

Member of: World Federation of Jewish Child Survivors of the Holocaust & Descendants
 Generations of the Shoah International Houston Holocaust Survivors & Descendants
 Other _____

***Do you wish your name to be listed in the List of Attendees?** Yes No

**The Attendees' Book includes names, addresses, telephone numbers, email addresses, country of birth and name at birth.*

THIRD Participant: Last & First Names As You Want Them to Appear on Your Nametag: _____

Street address: _____ City: _____

State/Province: _____ Zip/ Postal Code: _____ Country: _____ Phone: (____) _____

Email: _____ Country of Origin: _____ Year: _____

Original/maiden name: _____ Languages you speak: _____

Emergency Contact: _____ **Phone Number:** (____) _____

Food Requirements: Special dietary needs due to allergies; Please specify: _____
 Kosher Vegetarian Regular meals

SPECIAL REQUESTS: Shabbat observant Mobility problems (walker or wheelchair)

Will you stay at the hotel: Yes No **If you request a roommate, please indicate:** Male Female

Please check ALL that apply: Hidden Child Camp Survivor Kindertransport Non-survivor spouse/partner
 2nd Generation 3rd Generation Other (specify) _____

Is this your 1st conference? Yes No

Will you attend Shabbat Services Saturday morning? Yes No

Will you attend the Monday trip to Holocaust Museum Houston, beginning at noon and ending at 4 p.m, transportation and lunch included? (Free) Yes No

Member of: World Federation of Jewish Child Survivors of the Holocaust & Descendants
 Generations of the Shoah International Houston Holocaust Survivors & Descendants
 Other _____

***Do you wish your name to be listed in the List of Attendees?** Yes No

*The *Attendees' Book* includes names, addresses, telephone numbers, email addresses, country of birth and name at birth.

For additional attendees, please attach an additional Registration Form.

REGISTRATION FEES

YOU MUST INCLUDE YOUR REGISTRATION FEES TO COMPLETE YOUR CONFERENCE REGISTRATION.

Conference Registration Fee: U.S. \$365.00 per person by Aug. 31, 2015; \$400.00 per person after Aug. 31, 2015

After Aug. 31, 2015, your reservation may be placed on a waiting list. Registration fee includes 3 breakfasts, 2 lunches, 3 dinners, all sessions, materials and entertainment.

Full Conference participants: (Registration fee is refundable up to Aug. 31, 2015, minus U.S. \$50.00 per person.)

Before Aug. 31, 2015: [] participants x U.S. \$365.00/person = \$ _____

After Aug. 31, 2015: [] participants x U.S. \$400.00/person = \$ _____

Voluntary Contribution to Assist Survivors in Need of Financial Assistance to Attend \$ _____

Total Amount Enclosed \$ _____

Method of Payment:

Check (Payable to: Holocaust Museum Houston. **CHECKS MUST BE IN U.S. DOLLARS FROM UNITED STATES BANKS**)

Mail to: WFJCSHD/GSI-Houston 2015

c/o Holocaust Museum Houston,

5401 Caroline St., Houston TX, USA 77004

Online through the WFJCSHD/GSI-2015 Web site at www.hmh.org/World_Federation_Conference.shtml or by phone at +713-527-1614.

Liability Waiver

The above registrant(s) agree(s) to release the World Federation of Jewish Child Survivors of the Holocaust (WFJCSHD/GSI), Generations of the Shoah International (GSI), Holocaust Museum Houston (HMH) and their officers, directors, managers, agents and independent contractors from all liability, arising from or related to the Houston 2015 WFJCSHD/GSI Conference, including all liability for damages resulting from any negligence, active or passive, on the part of the above parties.