



**World Federation of Jewish Child Survivors of the Holocaust & Descendants
30th Annual International Conference of Child Survivors, Second and
Third Generations, Spouses & Families**

in cooperation with
**The Kindertransport Association
Generations of the Shoah International
West Palm Beach Marriott Hotel
1001 Okeechobee Boulevard, West Palm Beach, FL 33401**

Friday, November 9 – Monday, November 12, 2018



REGISTRATION PACKET

**For all conference information, updates, etc., visit: WFJCSH&D at www.holocaustchild.org
Contact: Susan Dubin, Conference Coordinator at 1.818.606.0793 or susandubin48@gmail.com**

Dear friends, this packet includes the following:

- 1. Forms to be filled out** (Pages 2, 3, & 4) Please complete Registration and Payment Forms and **mail to: WFJCSH&D 2018, c/o Susan Dubin, 2160 Twin Falls Drive, Henderson, NV 89044, USA**, or scan and send by email to susandubin48@gmail.com.
- 2. Registration & Payment:** (see Pages 2 - 4) Please complete Conference Registration and Payment Forms. All conference fees must be paid in US Dollars (\$) either by check payable to: **WFJCSH&D 2018** or by credit card (using PayPal) through the Conference website at <http://www.holocaustchild.org>. Mail your Conference Registration Form, Payment Form and check to: **WFJCSH&D 2018, c/o Susan Dubin, 2160 Twin Falls Drive, Henderson, NV 89044, USA**. Or, if paying online, forms may be scanned and sent via email to susandubin48@gmail.com.
- 3. Hotel Reservation Information** (Page 5) provides information about the hotel. Single or double occupancy rooms are \$119/night plus tax. **Make your own reservations** by October 15, 2018 at <https://book.passkey.com/e/49632725>. You may also call **(800) 228-9290** or **(561) 833-1234** and tell them you are with World Federation of Child Holocaust Survivors and Descendants (WFJCSHD).

Important information to note:

Conference Payment includes: all conference material; 3 conference breakfasts, 2 lunches and 3 dinners; Workshops; panel presentations and discussions and plenty of time for schmoozing with old friends and meeting new friends.

Conference Times: The Conference begins with a welcome Shabbat dinner Friday evening and will conclude just before lunchtime on Monday.

Airports: The closest airport is West Palm Beach Airport. There is a free shuttle available from the airport to the hotel. Please email or call for more information.

Support & Donations: The Stephen Adler Fund, is used to assist survivors from Eastern Europe and Israel who cannot afford to attend our Conferences without financial assistance, and to help our organization defray conference costs not covered by registration fees. We gratefully accept your donations.

Please encourage Second and Third Generation members to attend.

***Thank you
and see you in
November!***



The WFJCSHD wishes to acknowledge The Conference on Jewish Material Claims Against Germany for helping to underwrite Café Europa activities.

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CONFERENCE REGISTRATION FORM [Please print clearly.]

Primary Participant: Last Name, First Name: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Telephone (Country/Area Code): Home/work: _____ mobile: _____

Email: _____

Country of Birth: _____ Year: _____ Original/maiden name: _____

Which languages do you speak? _____

Food Requirements (all food is kosher)

Vegetarian Special dietary needs due to allergies, please specify: _____

Special Needs:

Need room to accommodate mobility issues (walker or wheelchair) Please circle one

Member of: (Check all that apply)

World Federation of Jewish Child Survivors of the Holocaust & Descendants GSI KTA
 Other/None _____ (please specify)

Please check ALL that apply: Hidden Child Camp Survivor Kindertransport Second Generation
 Third Generation Non-survivor spouse/partner Other/none (specify) _____

Have you attended any WFJCSH&D Conferences before? Yes No

Do you wish to be listed in the *Attendees' Book*? Yes No

The *Attendees' Book* includes names, addresses, telephone numbers, and email addresses.

Are you staying at the hotel? Yes No (Be sure to make your hotel reservation before October 15, 2018 to guarantee your space at the hotel.) **Note:** If you are interested in sharing a room with another person attending the conference, contact Susan Dubin. Susan will do her best to help match you with another attendee looking for a roommate.

Rooming with: _____ Need a roommate? YES NO

Emergency contact name & phone number:

(Please fill out Page 3, for additional participant. You may copy this form for more than one additional participant)

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CONFERENCE REGISTRATION FORM ADDITIONAL PARTICIPANT

Primary Participant: Last Name, First Name: _____

Additional Participant (if applicable, or for more participants, copy or print this page):

Additional Participant: Last Name, First Name: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Telephone (Country/Area Code): home/work: _____ mobile: _____

Email: _____

Country of Birth: _____ Year: _____ Original/maiden name: _____

Which languages do you speak? _____

Food Requirements (all food is Kosher)

Vegetarian Special dietary needs due to allergies, please specify: _____

Special Needs:

Need room to accommodate mobility issues (walker or wheelchair) Please circle one

Member of: (Check all that apply)

World Federation of Jewish Child Survivors of the Holocaust & Descendants GSI KTA
 Other/None _____ (please specify)

Please check ALL that apply: Hidden Child Camp Survivor Kindertransport Second Generation
 Third Generation Non-survivor spouse/partner Other/none (specify) _____

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Rooming with: _____ Need a roommate? YES NO

Emergency contact name & phone number:

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Conference Payment Form

Primary Participant: Last Name, First Name: _____

Additional Participant(s): Last Name, First Name: _____

Conference Fee:

\$395.00 USD/person on or before 8/31/2018

\$425.00 USD per person after 9/1/2018

Fee includes all meals (3 breakfasts, 2 lunches, 3 dinners), all sessions, materials and events.

\$150.00 USD/person for a one day pass (includes all meals and activities on that day)

\$65.00USD/person for Friday night welcome dinner only (This is included in full conference price)

Conference Participants:

participants x \$395.00 USD/person = \$ _____

For conference registration on or before 8/31/18

participants x \$425.00 USD/person = \$ _____

For conference registration after 9/1/2018

participants x \$150.00 USD/person (add \$15 after 8/31) = \$ _____

For one day pass. Please indicate which day: _____

participants x \$65.00 USD/person = \$ _____

For welcome dinner on Friday night (This dinner is included in registration payment for full conference)

Voluntary Contribution to the Steven Adler Fund: \$ _____

The Stephen Adler Fund is used to assist survivors from Eastern Europe and Israel who cannot afford to attend our Conferences without financial assistance, and to help our organization defray conference costs not covered by registration fees. We gratefully accept your donations.

Total Amount Due: \$ _____

****Registration fee is refundable up until October 1, 2018. All refunds for payments made through Paypal will incur a \$10 service charge.**

Method of Payment (please check one):

Check (Please make payable to: **WFJCSH&D 2018**.) Checks must be in USD from a United States bank.

Please write the name of participant(s) on the check memo line. Mail to address below.

Please complete all sections of the Conference Registration Form (Page 2) (include Page 3 for additional participant) & Conference Payment Form (Page 4) and mail with your check to:

WFJCSH&D 2018

c/o Susan Dubin

2160 Twin Falls Drive

Henderson, NV 89044, USA

Online payment with credit card Through the website, <http://www.holocaustchild.org>. Click on "2018 Conference Registration and Donations," and pay by following the links that say "Paypal." You do not need a PayPal account, however, to pay with credit card online.

Please indicate **name on credit card** _____ **& date of payment** _____.

Or, if you are paying online using PayPal, indicate your method of payment above and either mail your Conference Registration and Payment forms to the mailing address above OR email scanned copies of your forms to: susandubin48@gmail.com.

REMEMBER TO MAKE YOUR OWN HOTEL RESERVATIONS AT

<https://book.passkey.com/e/49632725>. OR BY CALLING (800) 228-9290 or (561) 833-1234.

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REMEMBER TO GET A CONFIRMATION NUMBER!

Room Rates

\$119 USD/per night plus tax for double occupancy

\$119 USD/per night plus tax for single occupancy

Rates apply for 3 days prior and post conference.

Check-in and Check-out

Check-in time is 4:00 P.M.

Check-out time is 11:00 A. M.

Hotel Parking

Parking at the hotel is at a special rate of \$8.00 per day.

Internet

Free internet service is available in guest rooms and the lobby.

Airport

The closest airport is Palm Beach International Airport (PBI).

There is a free shuttle available. Hours are Monday-Sunday 6:00 AM-12 midnite. Call 561-833-1234 to make a reservation.

Alternate transportation from this airport is BusOne or taxi. Estimated taxi fare is \$20(usd) one way.

For questions or help, please call Susan Dubin at 818-606-0793.

REMEMBER TO BRING ALL MEDICATION, INSURANCE CARDS, ETC.

****PURCHASING TRIP INSURANCE IS HIGHLY
RECOMMENDED TO COVER POSSIBLE
CANCELLATION FEES.****

See you in November and thank you!