



World Federation of Jewish Child Survivors of the Holocaust & Descendants

32nd Annual International Gathering of Child Survivors, Second and Third Generations, Spouses & Families

in cooperation with

The Kindertransport Association and
Generations of the Shoah International

Friday, November 5 – Monday, November 8, 2021

St. Louis Marriott Grand Hotel

800 Washington Avenue, St. Louis, MO 63101

314-621-9600



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. Registration and Payment Forms** (Pages 2, 3, & 4) Please complete Registration and Payment Forms and **mail with your check to: WFJCSH&D 2021, c/o Susan Dubin, 2160 Twin Falls Drive, Henderson, NV 89044, USA** ; Or, register and pay online: www.holocaustchild.org/conferences/register-now/
- 2. Hotel Reservation Information** (Page 5) provides information about the hotel. Make your own reservations at St. Louis Marriott Grand Hotel online at <https://book.passkey.com/e/50038622>. Or by phone +1 800-397-1282 asking for “World Federation of Jewish Child Holocaust Survivors and Descendants” conference rate. Parking is \$10/day or \$30/overnight.
- 3. Conference Payment includes:** all conference material; 3 conference breakfasts, 2 lunches and 3 dinners including Friday night; Workshops; panel presentations and discussions; and, plenty of time for schmoozing with old friends and meeting new friends.
- 4. Conference Times:** The Conference begins with a welcome dinner Friday evening and will conclude just before lunchtime on Monday. An optional tour of St. Louis (\$50/person) will begin at 12:30 PM after the conclusion of the conference. Space for the tour is limited! This visit will return to the conference hotel by 5 pm. Lunch is included.
- 5. Registration & Payment:** Please complete Conference Registration and Payment Forms. All conference fees can be paid by check in U.S. dollars payable to: **WFJCSH&D** or by credit card or paypal through the WFJCSH&D website at www.holocaustchild.org/conferences/register-now/ If paying by check, mail your completed Conference Registration Form, Payment Form and check to: **WFJCSHD, c/o Susan Dubin, 2160 Twin Falls Drive, Henderson, NV 89044, USA**. Or, fill out the online registration forms and pay by credit card or paypal. **TRAVEL INSURANCE IS RECOMMENDED!**
- 6. Airports:** The closest airport is St Louis Lambert International Airport, about 20 minutes from the hotel.
- 7. Support & Donations:** The Steven Adler Fund welcomes donations to support the WFJCHS&D.

THE CONFERENCE AND HOTEL WILL FOLLOW ALL COVID 19 SAFETY PROTOCOLS

Wear a mask and be prepared to bring proof of vaccination and/or a negative covid test within 72 hours of arrival.

Please encourage Second and Third Generation members to attend.

Thank you

Meet us in St. Louis!



Claims Conference ועידת התביעות
The Conference on Jewish Material Claims Against Germany

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

**World Federation of Jewish Child Survivors of the Holocaust & Descendants
32nd Annual International Conference of Child Survivors, Second and Third
Generations, Spouses & Families
Friday, November 5 – Monday, November 8, 2021**

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:

Kosher Vegetarian Vegan Gluten free Dairy free Food allergies, please specify: _____

Special Needs:

Need room to accommodate mobility issues (walker or wheelchair)

Member of (Please 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 Fourth 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.

Do you wish to tour St. Louis on Monday, November 8? Yes No (Limited to first 80 that apply. Cost \$50)

Are you staying at the hotel? Yes No (**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:

**World Federation of Jewish Child Survivors of the Holocaust & Descendants
32nd Annual International Conference of Child Survivors, Second and Third
Generations, Spouses & Families
Friday, November 5 – Monday, November 8, 2021**

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:

Kosher Vegetarian Vegan Gluten free Dairy free Food allergies, please specify: _____

Special Needs:

Need room to accommodate mobility issues (walker or wheelchair)

Member of (Please 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 Fourth 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.

Do you wish to tour St. Louis on Monday, November 8? Yes No (Limited to first 80 that apply. Cost \$50)

Are you staying at the hotel? Yes No **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:

**World Federation of Jewish Child Survivors of the Holocaust & Descendants
32nd Annual International Conference of Child Survivors, Second and Third
Generations, Spouses & Families
Friday, November 5–Monday, November 8, 2021
Conference Payment Form**

Primary Participant: Last Name, First Name: _____

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

Conference Fee:

\$395.00USD per person before 9/30/2021

\$450.00USD per person after 10/1/21

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

Partial attendance:

\$140.00 USD/person for a one day pass (includes all meals and activities on that day)

\$55.00 USD/person for additional dinners

Conference Participants:

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

For conference registration on or before 9/30/2021

participants x \$450.00 USD per person = \$ _____

For conference registration on or after 10/1/2021

participants x 140.00 USD per person (add \$25 after 9/30) = \$ _____

For one day pass. Please indicate which day: _____

participants x 55.00 USD per person = \$ _____

For additional dinners only

participants x 50.00 USD per person = \$ _____

*For St. Louis Tour (includes lunch) **Space limited to first 80 that register***

Contribution to the Steven Adler Fund to support our WFJCSHD: \$ _____

Total Amount Due: \$ _____

Method of Payment (please check one):

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

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

Online payment with credit card through the website www.holocaustchild.org/conferences/register-now/ Complete the online registration form. You do not need a PayPal account to pay online, and may use a credit card.

If paying by check, please complete all sections of the Conference Registration Form (Page 2, and Page 3 only if applicable) & Conference Payment Form (Page 4) and mail with your check to:

**WFJCSH&D 2021
c/o Susan Dubin
2160 Twin Falls Drive
Henderson, NV 89044, USA**

If you are paying online by credit card, you will fill out a registration form online.

The registration fee is refundable up until October 1, 2021. There is a \$25 nonrefundable fee on all refunds

**World Federation of Jewish Child Survivors of the Holocaust & Descendants
32nd Annual International Conference of Child Survivors, Second and Third
Generations, Spouses & Families**

Friday, November 5–Monday, November 8, 2021

HOTEL RESERVATION INFORMATION

Please make your own hotel reservations at the

St. Louis Marriott Grand Hotel

800 Washington Avenue, St. Louis, MO 63101

online at <https://book.passkey.com/e/50038622>

Or by phone +1 800-397-1282 asking for “World Federation of Jewish Child
Holocaust Survivors and Descendants” conference rate.

HOTEL FOLLOWS ALL COVID 19 SAFETY PROTOCOLS.

Room Rates:

\$129/per night for single or double occupancy (plus applicable taxes)

Special rates for suites are also available.

Rates apply for 3 days prior and post conference

If you need help to make your reservation and wish for WFJCSHD to make your reservation for you, please fill out the following:

Number of rooms requested: _____ Single occupancy Name: _____

Number of rooms requested: _____ Double occupancy Name: _____

Room for special needs: Wheelchair Walker

Check-in date: _____ Check-out date: _____ Number of nights: _____

Last Name, First Name: _____

Street Address: _____

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

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

Email: _____

AMOUNT OF PAYMENT: _____ Check # _____

or Credit Card information: Name on card: _____ Credit Card #: _____

Expiration date: _____ Security Code: _____

***REMEMBER TO BRING ALL MEDICATION, INSURANCE CARDS,
MASKS, ETC. Be prepared to share proof of vaccination or negative
covid test within 72 hours of arriving at hotel.***

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

***See you in St. Louis
and thank you!***