



World Federation of Jewish Holocaust Survivors & Descendants

in cooperation with

Generations of the Shoah International (GSI)

and

The Kindertransport Association (KTA)

invites you to the



34th Annual International Conference of Survivors, 2nd, 3rd, 4th Generations, and Partners September 20-23, 2024

Hilton Toronto/Markham Suites Conference Ctr. and Spa

8500 Warden Ave., Markham, ON L6G 1A5 Canada

Phone: +1 905-470-8500

REGISTRATION PACKET

For conference information and updates, visit www.holocaustchild.org or contact **Lily Elbaum, Conference Coordinator**, wf2024conference@holocaustchild.org tel: +1 617-224-6505.

- Registration & Payment:** To register and pay online, fill out the online registration form at www.holocaustchild.org/conferences/register-now/ and pay by credit card or PayPal. **To pay by check**, complete the Conference Registration and Payment Forms and mail with a check made out to the **World Federation of Jewish Child Survivors and Descendants** (specify USD or CAD currency) to:
WFJHS&D2024
c/o Lily Elbaum
320 Middlesex Avenue, Bldg. A, Apt. A308
Medford, MA 02155 USA
- Hotel Reservation:** See Page 5 on how to make your own reservation at the Hilton Toronto/Markham.
- Full conference registration fee** \$600 CAD (approx. \$450 USD): includes all conference materials; 3 breakfasts, 2 lunches, and 3 dinners; workshops; panel presentations and discussions; and plenty of time for schmoozing with old and new friends. Optional post-conference tour \$40 CAD (approx. \$30 USD).
- We also offer single-day registration** at \$270 CAD (approx. \$200 USD). Additional guests are welcome for Friday Dinner \$170 CAD (approx. \$125 USD)
- Conference schedule:** Registration opens at noon on Friday, September 20. The official Conference begins with a welcome dinner on Friday evening and concludes just before lunchtime on Monday.
- The **post-conference optional tour** of the Toronto Holocaust Museum is on Monday afternoon.
- Support & Donations:** The Steven Adler Fund welcomes donations to support the WFJHS&D.
Please encourage 2nd and 3rd Generation members to attend.
Thank you and see you in Toronto.



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

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

**World Federation of Jewish Holocaust Survivors & Descendants
34th Annual International Conference**

Friday, September 20 – Monday, September 23, 2024

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 _____

What languages do you speak? _____

I will attend: Full conference Saturday only Sunday only Friday night dinner Tour

Food Requirements (check ALL that apply):

Kosher Vegetarian Vegan Gluten free Dairy free Food allergies

Specify allergies _____

Special Needs:

Need room to accommodate mobility issues: walker wheelchair

Member (check ALL that apply):

World Federation of Jewish Holocaust Survivors & Descendants GSI KTA

Other (specify) _____

Check ALL that apply:

Survivor Kindertransport Second Generation Third Generation

Fourth Generation Non-survivor spouse/partner Other (specify) _____

Have you attended WFJHS&D Conferences before? Yes No

Are you staying at the hotel? Yes No

Need a roommate? Yes No

(If you are interested in sharing a room with another conference attendee, for assistance, contact Lily Elbaum)

Are you departing before Monday's breakfast? Yes No

Would you like to be listed in the Attendees' Book? Yes No

(The book includes names, addresses, telephone numbers, and email addresses)

Emergency contact name and phone number: _____

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ADDITIONAL PARTICIPANT(S) REGISTRATION FORM
Please print clearly

Primary Participant: Last Name, First Name _____

Additional Participant: Last Name, First Name: _____
(Please copy and fill out this form for each additional Participant)

Street Address: _____

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

Telephone (country/area code): Home/Work: _____ Mobile: _____

Email _____ Country of Birth: _____ Year: _____

Original/maiden name _____

What languages do you speak? _____

I will attend: Full conference Saturday only Sunday only Friday night dinner Tour

Food Requirements (check ALL that apply):

Kosher Vegetarian Vegan Gluten free Dairy free Food allergies
Specify allergies _____

Special Needs

Need room to accommodate mobility issues: walker wheelchair

Member (check ALL that apply):

World Federation of Jewish Holocaust Survivors & Descendants GSI KTA
Other (specify) _____

Check ALL that apply:

Survivor Kindertransport Second Generation Third Generation
 Fourth Generation Non-survivor spouse/partner Other (specify) _____

Have you attended WEJHS&D Conferences before? Yes No

Are you staying at the hotel? Yes No

Need a roommate? Yes No
(If you are interested in sharing a room with another conference attendee, for assistance, contact Lily Elbaum)

Are you departing before Monday breakfast? Yes No

Would you like to be listed in the Attendees' Book? Yes No
(The book includes names, addresses, telephone numbers, and email addresses)

Emergency contact name & phone number: _____

**World Federation of Jewish Holocaust Survivors & Descendants
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PAYMENT FORM

Primary Participant: Last Name, First Name: _____

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

Full Conference

\$600 CAD (approx. \$450 US) per person
(Includes all meals [3 breakfasts, 2 lunches, 3 dinners], all sessions, materials and events).

Single-day: Specify Saturday Sunday

\$270 CAD (approx. \$200 USD) per person
(includes all meals and activities on the specified day)

Friday Dinner

\$170 CAD (approx. \$125 USD) per person

Conference Participants (enter number[s]) in the brackets):

- | | |
|--|----------|
| <input type="checkbox"/> Full Conference* Participants x \$600 CAD (approx. \$450 USD) | \$ _____ |
| <input type="checkbox"/> Single Day Participants x \$270 CAD (approx. \$200 USD) | \$ _____ |
| <input type="checkbox"/> Friday Dinner only x \$170 CAD (approx. \$125 USD) | \$ _____ |
| <input type="checkbox"/> Monday Tour x \$40 CAD (approx. \$30 USD) | \$ _____ |

* *includes Friday Dinner* \$ _____

Donations to the Steven Adler Fund:

(Provides financial support for conference attendance)

Total Amount Due: \$ _____

Method of registration and payment (check one):

For online registration and payment (credit card or PayPal), visit our website:

www.holocaustchild.org/conferences/register-now/

If paying by check, make it payable to the **World Federation of Jewish Holocaust Survivors and Descendants** (specify CAD or USD). Complete all sections of the Registration Packet: Page 2; if applicable, Page 3; and Page 4. Write the name of the Participant (s) on the check memo line and mail everything to:

**WFJHS&D 2024
c/o Lily Elbaum
320 Middlesex Avenue, Bldg. A, Apt. A308
Medford, MA 02155 USA**

Registration deadline is September 11, 2024. Registration is refundable until September 11, minus a \$25.00 USD processing charge.

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HOTEL RESERVATION INSTRUCTIONS

The conference is being held at **Hilton Toronto/Markham Suites Conference Ctr. and Spa**
8500 Warden Ave., Markham, ON L6G 1A5, Canada
Phone: +1 905-470-8500

To reserve online: <https://www.hilton.com/en/attend-my-event/wfjhsanddbookinglink/>

ALWAYS PROVIDE WFJHS&D SPECIAL ROOM RATE CODE: 0JHR

Group rate is \$189 CAD plus 20.52% taxes & fees per room per night for single or double occupancy. All rooms are suites. Any additional adult charge is \$20 CAD/night. Maximum occupancy: 4 people in the room. Overnight parking is \$6 CAD /night.

UPDATE

If you can no longer get accommodations at the Hilton Markham hotel, we have secured additional accommodations at the nearby Marriott (Delta) Markham at the preferential rate of \$199 CAD plus 20.52% taxes & fees per room per night for single or double occupancy from September 17 to September 24, 2024.

To reserve online, use the [Delta/Marriott direct reservation link](#)

To reserve by phone call +1 905 477 2010 and ask for the World Federation of Jewish Holocaust Survivors and Descendants preferential rate. **Shuttle service between the Delta/Marriott and the Hilton hotels will be provided throughout the Conference.**

We look forward to seeing you in Toronto!

CONFERENCE ATTENDANCE LIMITED TO 300, REGISTER EARLY!

REMEMBER TO BRING ALL MEDICATIONS AND INSURANCE CARDS

PURCHASING TRIP INSURANCE IS HIGHLY RECOMMENDED

PLEASE REMEMBER TO BRING YOUR PASSPORT

MASKS ARE NOT MANDATORY BUT RECOMMENDED
