



1945-2025, 80 years later
Bridging generations across borders
Relier les générations par-delà les frontières



WFJHS&D 35th Annual Conference Paris, September 12-15, 2025



REGISTRATION PACKET

For conference information and updates, visit:

www.holocaustchild.org/conferences/upcoming-2025-conference/

or contact Lily Elbaum: 2025wfconference@holocaustchild.org Tel: +1 617-224-6505.

- **Registration & Payment:** To register and pay online, fill out the online registration form: www.holocaustchild.org/conferences/2025-conference-registration-form/ and pay by credit card. To pay with a US \$ check, complete the Registration Packet and mail it with the check made out to the **World Federation of Jewish Child Survivors and Descendants to: WFJHS&D2025, c/o Lily Elbaum, 320 Middlesex Avenue, Bldg. A, Apt. A308 Medford, MA 02155 USA**
- **Hotel Reservation:** Go to **Page 5** to make hotel reservation at the **Marriott Rive Gauche Hotel and Conference Center**, 17 Boulevard Saint-Jacques, 75014 Paris 14e. Breakfasts and the VAT tax are included with your hotel room rate.
- **Full conference registration fee** US \$ 495 per person: includes all conference materials; 2 lunches and 3 dinners; workshops; panel presentations and discussions; and plenty of time for schmoozing with old and new friends.
- **Single-day registration** at US \$ 175 per person. Guests are welcome for Friday Shabbat Dinner, at US \$ 160 per person.
- **Conference schedule:** Registration opens at noon on Friday, September 12, 2025. The Conference begins with a Welcome Shabbat Dinner Friday evening and concludes before lunch on Monday, September 15, 2025. We are planning to offer a tour of the Drancy Shoah Memorial on Monday afternoon. Details to follow.
- **Support & Donations:** The Steven Adler Fund welcomes donations to support the WFJHS&D.

CONFERENCE REGISTRATION FORM

Please print clearly

Primary Participant: First Name, Last 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 _____

Countries of Family Origin _____

What languages do you speak? _____

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

Food Preferences (check ALL that apply):

Kosher Vegetarian Gluten free Dairy free Food allergies

Specify only major allergies _____

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

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

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

Are you staying at the hotel? Yes No

Need a roommate? Yes No

Are you a presenter, moderator or workshop leader Yes No

Specify _____

Are you interested in reserving a table in the exhibit space (limit of 15 tables) Yes No

Emergency contact name and phone number: _____

CONFERENCE REGISTRATION FOR ADDITIONAL PARTICIPANT(S) ONLY
Copy and fill out this form for each additional Participant.
Please print clearly

Primary Participant: First Name, Last Name: _____

Additional Participant: First Name, Last 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 _____

Countries of Family Origin _____

What languages do you speak? _____

I will attend: Full conference Saturday only Sunday only Friday Night Dinner

Food Preferences (check ALL that apply):

Kosher Vegetarian Gluten free Dairy free Food allergies

Specify major allergies only _____

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

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

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

Are you staying at the hotel? Yes No

Emergency contact name and phone number: _____

CONFERENCE PAYMENT FORM

Primary Participant: Last Name, First Name: _____

Additional Participant: Last Name, First Name: _____

Full Conference

US \$495 per person

(Includes all meals, 2 lunches, 3 dinners, all sessions, materials and events).

Single-day: Specify Saturday Sunday

US \$175 per person

(includes all meals and activities on the specified day)

Friday Shabbat Dinner

US \$160 per person

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

[] Full Conference Participants x US \$ 495	\$ _____
[] Single Day Participants x US \$ 175	\$ _____
[] Friday Shabbat Dinner x US \$ 160	\$ _____

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 by credit card, visit:
www.holocaustchild.org/conferences/2025-conference-registration-form/
- If paying by check, make it in US \$ payable to the **World Federation of Jewish Holocaust Survivors and Descendants**. 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 2025
c/o Lily Elbaum
320 Middlesex Avenue, Bldg. A, Apt. A308, Medford, MA 02155 USA

REGISTRATION DEADLINE AND CANCELLATION CLAUSE

Registration deadline is August 31, 2025. You can cancel your registration before the deadline for a processing fee of \$25.00. Registration is non-refundable after August 31, 2025, with no exceptions.

PLEASE MAKE YOUR HOTEL RESERVATION HERE



Marriott Rive Gauche Hotel and Conference Center
17 Boulevard Saint-Jacques, 75014 Paris 14^e, France

To book accommodations at WFJHS&D special conference rate click on the link below:

MARRIOTT RIVE GAUCHE RESERVATION LINK

- Single (€ 249) and double (€ 259) room occupancy includes breakfast and tax (VAT) €8.45 city tax is not included.
- Special room rates are available, September 8-17,2025.
- Bookings can only be changed or canceled until August 8, 2025.
- After selecting the room category, click on "Room Requests and Accessibility" if you need a room to accommodate mobility issues.

To book by phone:

+33 1 40 99 88 05 (direct)

+1 888 236 2427 (toll-free: U.S. & Canada)

Ask for World Federation of Jewish Holocaust Survivors and Descendant special room rate

For question or special requests, contact Coline:

coline.burindeszroiziers@marriott.com

REMEMBER TO BRING ALL MEDICATIONS AND PURCHASE TRIP INSURANCE

[U.S. DEPT. OF STATE INFORMATION ABOUT TRAVELING FROM THE U.S. TO FRANCE](#)
