

Summer Teachers Institute  
**Holocaust Remembrance Through the Arts**

August 1-3, 2016

**APPLICATION FORM**

Registration is \$25

**Make checks payable to: Jewish Museum of Maryland**

*Please note that the registration fee is non-refundable.*

|  |                   |          |
|--|-------------------|----------|
| Name/Position  |                   |          |
| Grade/Class you teach<br>(if applicable)   |                   |          |
| School Name/district   |                   |          |
| Home address   |                   |          |
| City   | State             | Zip Code |
| Home Phone number  | Cell Phone number |          |
| Have you attend other workshops sponsored by the Jewish Museum of Maryland or the Baltimore Jewish Council? Please indicate which ones/years. We would also like to know how you heard about this program. |                   |          |
| Which days do you plan on attending?<br><br>___ August 1 (Mon)      ___ August 2 (Tues)      ___ August 3 (Weds)   |                   |          |
| <b><i>Please include email address(es) where you can be reached during the year as well as over the summer.</i></b>  |                   |          |
| School Year email address:   |                   |          |
| Summer email address:  |                   |          |

Please return applications and checks to:

**Jewish Museum of Maryland**

**15 Lloyd Street**

**Baltimore, MD 21202, Attn: Summer Teachers Institute**

For more information contact:

STI@jewishmuseummd.org

*Accommodations for individuals with disabilities will be made upon request*

