



World Federation  
of Jewish  
Child Survivors  
of the  
Holocaust



# **World Federation of Jewish Child Survivors of the Holocaust 22nd Annual International Conference**

**Child Survivors, Spouses and Families,  
Second and Third Generation Members**

## **Lives to Legacies**

**November 5 (evening) to November 8 (noon), 2010**  
**Doubletree Chicago North Shore Hotel, Skokie, Illinois**

### **Registration Packet**

**This Packet Contains:**

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**This Registration Packet is also available on our website:**

**[www.wfjcsh.org](http://www.wfjcsh.org)**

**More Questions?**

**Email: [chicago2010@ilhmec.org](mailto:chicago2010@ilhmec.org)**

**or**

**Call: 1-847.967.4837**



# General Information



## Conference Programs

- Plenary Sessions
- Seminars
- Panel Discussions
- Interesting Workshops for all
- Films
- Opportunity to meet people from your country of origin
- Valuable activities for non-survivor spouses and partners
- Rich programs for Second and Third Generation members

## Entertainment

- Klezmer Music and Dancing
- Dramatic Performance
- Israeli Dancing

## Nearest Airport

Chicago O'Hare (ORD)

## Airport Transportation

Airport Shuttle available

## Hotel Parking

**FREE!**





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# Conference Registration



Please print this form (two pages!). Fill it out, print clearly, use black or blue ink. Use a separate form for each participant. Include your payment (**checks preferred**) or credit card information. All monies are to be in US Dollars (\$) and checks must be from United States Banks. When completed, please mail to:

Lillian Gerstner  
Chicago2010  
Illinois Holocaust Museum & Education Center  
9603 Woods Drive  
Skokie IL 60077 U.S.A.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: (with Country Code and Area Code): \_\_\_\_\_

Email: \_\_\_\_\_

### Full Conference Registration:

Before Sept. 15 [  ]

After Sept.15 [  ]

### Partial Conference Registration:

Friday Evening [  ] Saturday [  ] Sunday [  ] Monday Morning [  ]

### Food Requirements

All meals will be Kosher. If you require Vegetarian, please check here. [  ]

Food Allergies (please specify): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

First & Last Name

Relationship

Emergency Phone Number: \_\_\_\_\_

Country code / Area Code

Number



# Conference Registration

(continued)



## Payment Method:

Check  Please make it payable to Jewish Child Holocaust Survivors

Visa  Master Card  Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Name on Card: \_\_\_\_\_  
mm/yyyy

Security Code (3 or 4 digit number on the back of your card): \_\_\_\_\_

Billing Address (if different from mailing address):  
\_\_\_\_\_

Number of People Registering: \_\_\_\_\_ Amount Charged: \_\_\_\_\_

Additional contribution to help needy survivors: \_\_\_\_\_

Post conference programs: Illinois Holocaust Museum [\$10.00] \_\_\_\_\_

Chicago's Jewish Roots [\$35.00] \_\_\_\_\_

**TOTAL AMOUNT OF CHECK / TO BE CHARGED:** \_\_\_\_\_

## Additional Information

Country of Birth: \_\_\_\_\_ Year: \_\_\_\_\_

Original/Maiden Name: \_\_\_\_\_

Languages You Speak: \_\_\_\_\_

Survivors: Child Survivor  Camp Survivor  Kindertransport

Hidden Child  Other  (specify)

Non-Holocaust Survivor Spouse/Partner  Second Generation

Third Generation  Other

Attended WFJCSH Conference Before? Yes  No

Do you wish to be listed in the Conference Program Book? Yes  No

(Entry includes: name, address, phone number, email, country of birth, name at birth)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Hotel Information



Doubletree Chicago North Shore  
9599 Skokie Blvd., Skokie, Illinois

### Hotel Reservations

The Doubletree Chicago North Shore Hotel is delighted to serve as our conference hotel. They have offered us accommodations at greatly reduced prices. The conference rate is only \$79.00 single or double occupancy. These rates will be in effect from November 2<sup>nd</sup> (three days prior to the Conference) to November 11<sup>th</sup> (three days following the Conference), based on availability.

**Deadline for special rate: October 15, 2010**

**RESERVATIONS MUST BE MADE DIRECTLY WITH THE HOTEL!**

Visit this website:

[www.chicagonorthshore.doubletree.com](http://www.chicagonorthshore.doubletree.com)

or

Call the Doubletree Hilton toll-free telephone number  
U.S. and Canada: . . . . . 1-800-222-8733 (TREE)  
Outside North America: Call your local Hilton for assistance.

To obtain the special room rate, refer to the conference name  
(World Federation of Jewish Child Survivors of the Holocaust)  
or use our Group/Convention Code: WFJ

**THE HOTEL DOES NOT ACCEPT MAILED OR FAXED REGISTRATION!**

NOTE:

This hotel has both smoking and non-smoking rooms available.



# Post Conference Programs



## Illinois Holocaust Museum & Education Center Tour

**Monday, November 8, 2010**

Likely the last international institution of its kind built with the active participation of Holocaust survivors, the Illinois Holocaust Museum & Education Center opened its doors in April 2009. It is the largest facility in the Midwest dedicated to preserving the memories of those lost in the Holocaust and to teaching current generations to fight hatred, indifference and genocide in today's world.



Shuttle transportation departs hotel starting at 12:30 p.m.

Self-guided tours begin at 1:00 p.m.

Shuttle back to the hotel is available, 3:30-4:00 p.m.

Price: \$10.00



## Chicago's Jewish Roots

**Tuesday, November 9, 2010**

Take a sentimental journey via motor coach to Maxwell Street, Lawndale, Humboldt Park, Logan Square, Albany Park and West Rogers Park. Listen and learn as your guide, noted historian and author, Dr. Irving Cutler shares details of Chicago's Jewish roots. Tour includes stops at places of Jewish interest, and lunch at an historic Jewish delicatessen at your own cost.

Coach departs hotel: 9:00 a.m.

Price: \$35.00

Coach returns: approx. 4:00 p.m. (Cost of lunch is additional.)

\* \* \*

Information about both post conference programs is for planning purposes. If you wish to reserve in advance, please do so on your registration form in the space provided and enclose proper payment.

**Signup will be available at the conference as well, space permitting.**



**REQUEST FOR MATERIAL FOR  
COMMEMORATIVE BOOKLET**  
from  
*Gabriele Silten*



In the past, Child Survivors have had the opportunity to send in their creative work for a Commemorative Booklet. Once again, this year I will gladly compile and edit one for the upcoming conference. So, my dear siblings, send me your contributions in the form of a story, an essay, a poem, a drawing, a photo of a painting or sculpture, or any other creation relating to your experiences, to your memories, YOUR LIFE, or to an aspect of the conference. There is NO THEME; you may send in whatever work you like. Please see below some of the “rules,” which we have used in the last few years:

- Your written entries must be in English (my computer is monolingual!)
- Typewritten and no longer than three (3) pages, please.
- Photos: please send either original copies or copies made by a photographer only. Preferably the latter, so that nothing original gets hurt. Photocopies do not copy well.
- All photos will be returned after publication.
- Color photos will be reproduced in black and white, otherwise they are too expensive.
- If you send your work by email, also include your name, address, and phone number.

THANK YOU!

**DEADLINE: AUGUST 15, 2010 NO LATE WORK ACCEPTED!**

Send to:

R. Gabriele S. Silten

1764 Del Prado, Pomona, CA 91768-4108

Phone: House~909-620-9650 Cell (better)~909-630-9320

(ATTENTION! New address, new telephone number)

E-mail: [RGabrieleS@aol.com](mailto:RGabrieleS@aol.com)

Questions? E-mail me or call me.

Please fill out the questionnaire and send it with your work. Please print clearly.

Your name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State/Zip Code/Country: \_\_\_\_\_

Telephone (with Country Code and Area Code): \_\_\_\_\_

E-mail: \_\_\_\_\_

Thank you all in advance! You're wonderful!