



**World Federation of Jewish Child Survivors of the Holocaust
19th Annual International Conference of Child Survivors,
Second and Third Generations, Spouses & Families**

“Together in Israel, 2007!”
Renaissance Hotel, Jerusalem, Israel

Monday, November 5, to Thursday, November 8, 2007

Registration takes place Monday November 5, 2007. Conference programs begin Monday evening, continue all day Tuesday and Wednesday. Thursday, November 8, special program at Yad Vashem until 4PM.

REGISTRATION KIT

Conference and Hotel forms and payments are to be returned to Modi'in Tours

This packet includes:

- Conference registration form
- Attendees information form
- Hotel reservation form
- Pre/post conference tours information
- Information on Airport service and SAR EL Volunteers
- Commemorative book application form (return to Gabriele Silten)

REGISTRATION DEADLINE IS OCTOBER 1, 2007. NO REGISTRATIONS AFTER THAT DATE

Please fill out **CONFERENCE REGISTRATION AND HOTEL RESERVATION** forms,
return with all payments, USD checks or credit cards, to:

Modi'in Tours and Travel Ltd.

POB 31824

Jerusalem 91317 Israel

Tel: +972-2-6248530; Fax +972-2-6249816;

Direct line from USA to Israel: Office: 1-212-202-0613

Contact Adinah

E-mail address: adinah@modiintours.com

Website: www.modiintours.com

Please encourage your local Second and Third Generation to attend.

IMPORTANT TIPS

UPDATE YOUR PASSPORT

Purchase Travel Insurance AND Travel Medical Insurance

Liability Waiver

The Israel 2007 Conference registrant(s) agree(s) to release the World Federation of Jewish Child Survivors of the Holocaust (WFJCSH), its officers, directors, managers, agents and independent contractors from all liability, arising from or related to the Israel 2007 WFJCSH Conference, including all liability for damages resulting from any negligence, active or passive, on the part of the above parties.

Signature

Date

Notes on filling out the Conference and Hotel forms

Modi'in Tours

Our agent in Israel is Modi'in Tours. They will coordinate all our conference registrations and hotel reservations, as well as all our payments, including credit cards. They will also offer a variety of tours for our attendees. Modi'in does not provide airlines arrangements.

All Payments on Conference Registration form

All payments for the conference, hotel, pre and post conference hotel stay, pre and post conference tours, are listed on the Conference Registration form. Therefore you just add up all these fees and make only ONE payment, to Modi'in Tours.

Both the Conference Registration form and the Hotel Reservation form are to be returned to Modi'in Tours with your payments.

You can register up to three people for the conference using the Conference Registration form (see the back of the form). If more than 3 people plan to attend, make copies of blank forms.

Explanation of pre and post conference Hotel fees:

Due to specially negotiated hotel rates of \$90 per room, per night, double occupancy (2 in a room split the cost), breakfast is not included in this price, but is included in the conference registration fee. If you wish to extend your stay up to 3 days before or 3 days after the conference, the rate remains at \$90 per room per night, with an additional cost of \$20 for breakfast per person per room per night.

Triple occupancy

Please note that the pre and post conference breakfast fees also apply to triple occupancy.

Modi'in Tours "Meet and Greet" Airport Service

If you wish to register for the optional airport pick up service from Modi'in Tours, called the "Meet and Greet Service", please contact Modi'in Tours directly and make arrangements. See back page for details.

Airlines arrangements

Since Modi'in Tours does not provide airline arrangements, we kindly ask you to make your own flight plans with the best airline you can find. Most people agree you can find very good rates on the internet.

Make copies of all documents you mail in, to keep the information.

For conference information, updates, etc., visit:

www.wfjcs.org or email **holocaustchild@comcast.net** or call **1-248-932-1835**

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World Federation of Jewish Child Survivors of the Holocaust 19th International Conference
Jerusalem, Israel, Monday November 5 to Thursday November 8, 2007

*World Federation
of Jewish
Child Survivors
of the
Holocaust*

CONFERENCE REGISTRATION FORM

**(this form is for Conference ONLY, not Hotel, but includes all payments below;
 print clearly in BLACK or BLUE INK)**

Last name: _____ First name: _____

Maiden name: _____

Street address: _____

City: _____ State/Province: _____ Postal/ZipCode: _____ Country: _____

Telephone (with country and area code) _____ Email: _____

Conference Registration Fee: Up to September 1, 2007 - \$275.00 USD per person

Registration fee includes : 3 breakfasts, 2 lunches, 3 dinners, all programs.

Number of participants [] x \$275.00 per person = USD _____

Late Registration Fee : After September 1, to October 1, 2007 - \$325.00 USD per person

Subject to Availability

Number of participants [] x \$325.00 per person = USD _____

Registration Deadline is October 1, 2007

Hotel reservation fees*: [] nights @ \$90.00 per room, 1 or 2 people = USD _____

____ pre or post conference nights @ USD110.00, single; USD130.00, double = USD _____
 (pre/post conference stays include breakfast)

* Triple occupancy: Nov 5-8– USD 115.00 per room, per night, 3 in a room. USD _____

Pre-post conference nights (3 nights pre, 3 nights post) - USD 175.00
 (the \$115.00 plus 3 mandatory breakfasts @\$20.00 per person)

Total Amount for Tours (see other forms for explanations) = USD _____

TOTAL PAYMENT TO MODI'IN TOURS : USD _____

Final registration deadline: October 1, 2007

*** 50% of registration fee refundable up to Oct 1; after this date no refund

Food requirements (all food will be Kosher):

Special dietary needs, specify: _____

Method of payment:

Check (Please make payable to: Modi'in Tours and Travel Ltd. In US Dollars only.)

Bank Transfer (bank account details to be supplied as needed)

Visa Master Card American Express Expiration Date _____

Card number: _____ Security Code (reverse side) _____

Name on card [print]: _____ Signature: _____

Account billing address: _____

Mail with payment or fax to: **Modi'in Tours and Travel Ltd.**

SEE BACK FOR ADDRESS

OVER→ OVER→ OVER→

(side 2 of Conference Registration form)

ATTENDEE INFORMATION (please fill out information below for **each person** attending the conference.)

First person registering:

Last name: _____ First name: _____

Maiden name: _____

Street address: _____

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

Telephone (with country and area code) _____ Email: _____

Country of Birth: _____ Year: _____ Original name at birth: _____

Attended Survivors Conferences before? Yes No. Planning to go to Yad Vashem on Thursday, Nov. 8th? Yes No

*Do you wish your name to be listed in the *Attendees' Book*? Yes No

*The *Attendees' Book* includes names, addresses, telephone numbers, email addresses, country of birth, and name at birth.

Second person registering:

Last name: _____ First name: _____

Maiden name: _____

Street address: _____

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

Telephone (with country and area code) _____ Email: _____

Country of Birth: _____ Year: _____ Original name at birth: _____

Please check ALL that apply: Spouse Second Generation Third Generation

Attended Survivors Conferences before? Yes No. Planning to go to Yad Vashem on Thursday Nov. 8th? Yes No

*Do you wish your name to be listed in the *Attendees' Book*? Yes No

*The *Attendees' Book* includes names, addresses, telephone numbers, email addresses, country of birth, and name at birth.

Third person registering:

Last name: _____ First name: _____

Maiden name: _____

Street address: _____

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

Telephone (with country and area code) _____ Email: _____

Country of Birth: _____ Year: _____ Original name at birth: _____

Please check ALL that apply: Second Generation Third Generation

Attended Survivors Conferences before? Yes No. Planning to go to Yad Vashem on Thursday Nov 8th? Yes No

*Do you wish your name to be listed in the *Attendees' Book*? Yes No

*The *Attendees' Book* includes names, addresses, telephone numbers, email addresses, country of birth, and name at birth.

Please remember to fill in both sides of this form; mail with ALL payments, or fax to:

Modi'in Tours and Travel Ltd.

POB 31824

Jerusalem 91317 Israel

TEL: +972-2-624-8530 FAX: +972-2-624-9816 USA TEL +212-202-0613

E-mail address: adinah@modiintours.com Website: www.modiintours.com



RENAISSANCE HOTEL RESERVATION FORM
[Please PRINT CLEARLY in BLACK or BLUE INK.]

Hotel payments are listed on the Conference Registration form so that you only need to make one payment for conference, hotel and other fees.

Last name: _____ First name: _____

Maiden name: _____

Street address: _____

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

Telephone (with country and area code) _____ Email: _____

Sharing room with:

Last name: _____ First name: _____

Maiden name: _____

Address (if different from above): _____

- I am interested in sharing a room with another person attending the conference
 Male Female Non-Smoker Smoker

Room Rates: USD 90.00 per room, per night, double occupancy (\$45 per person in a double)
Pre-post conference rates (Up to 3 nights pre and 3 nights post). Single USD 110.00; Double USD 130.00 (includes breakfast)

Triple occupancy: Nov 5-8 – USD 115.00 per room, per night, 3 in a room (split costs 3 ways).
Pre-post conference nights (up to 3 nights pre, and 3 nights post) - USD 175.00, (the \$115.00 plus 3 mandatory breakfasts @\$20.00 per person).

Arrival Date: _____ **Departure Date:** _____

- two twin beds one king size bed non-smoking room smoking room

Number of nights: []

- USD 90.00 rate is applicable only during the official conference dates (\$45 per person in double room)
- USD 20.00 per person for breakfast for pre and post conference dates, added to room fee
- Check in time 15.00 hrs. (3:00 PM) Check out time 11.00 AM.
- Special 4 PM late check out on Nov 8, after visit to Yad Vashem
- The number of non-smoking rooms is limited; non-smoking rooms cannot be guaranteed.

Room floor request Lower Middle Upper

The hotel has Shabbat elevators for Sabbath observers

Method of payment:

See Conference Registration form for payments and mailing address to be sent to Modi'in Tours.

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(side 2 of Hotel Reservation form – make copy before mailing in)

PRE/POST CONFERENCE TOUR OPTIONS

ALL PRICES PER PERSON IN USD BASED ON MINIMUM 20 PARTICIPANTS FOR EACH TOUR

Choose tour date and indicate 1 Adult in a room or 2 Adults Sharing

- **11 DAY PRE CONFERENCE TOUR - OCT 22 – NOV 1, OR**
- **11 DAY POST CONFERENCE TOUR - NOV 11 – NOV 21**
- Hotels - 3 nights in the north; 8 nights in Jerusalem, or optional weekend in Tel Aviv seafront hotel and transfer to Renaissance Hotel in Jerusalem, November 2
- Full Israeli breakfast daily; 3 midweek dinners; 4 Shabbat meals
- 9 days touring with English speaking government licensed guide
- Entrance fees to sites. Full program to be provided after registration.

 1 ADULT IN A ROOM - USD 2,440.00

 2 ADULTS SHARING A ROOM – USD 1,830.00 EACH PERSON

- **1 DAY TOUR TO MASSADA/DEAD SEA – OCT 31 – USD 95.00**
Massada/Ein Gedi/Hotel Spa (treatments at additional fee)
- **1 DAY TOUR - NEW CITY JERUSALEM – NOV 1 - USD 85.00**
Knesset/Israel Museum/Herzl Museum/Hadassa Hospital
- **1 DAY TOUR – OLD/NEW CITY JERUSALEM – NOV 11 – USD 115.00**
Morning: Haas Promenade/Jewish Quarter/Southern Wall Excavations/Western Wall (Kotel)/Western Wall Tunnel. Afternoon: Hall of Heroism/Ammunition Hill
- **HALF DAY TOUR – OLD CITY JERUSALEM - NOV 11 – USD 60.00**
See morning program above
- **HALF DAY TOUR – NEW CITY JERUSALEM – NOV 11 – USD 60.00**
See afternoon program above
- **1 DAY TOUR – SOUTHERN MEDITERRANEAN COAST – NOV 12 – USD 85.00**
Kibbutz Yad Mordecai/Machon Ayalon/Old Jaffa
- **2 DAY TOUR – SOUTHERN/NORTHERN MEDITERRANEAN COAST – NOV 12-13**
Day 1: See program for Southern Mediterranean Coast. Overnight – Haifa
Day 2: Haifa/Atlit/Acco/Kibbutz Lohamei Hagetaot/Rosh Hanikra

 1 ADULT IN A ROOM – USD 620.00

 2 ADULTS SHARING A ROOM – USD 470.00 EACH PERSON

- **1 DAY TOUR – TEL AVIV/NORTHERN MEDITERRANEAN COAST - NOV 13 – USD 105.00**
Diaspora Museum/Atlit/Kibbutz Lohamei Hagetaot
- **2 DAY TOUR – TEL AVIV/NORTHERN COAST/GALILEE/GOLAN HEIGHTS - NOV 13-14**
Day 1: See program for Tel Aviv/Northern Mediterranean Coast. Overnight – Kibbutz Lavi
Day 2: Tsfat (Safed)/Upper Galilee/Golan Heights/Tiberias/Jordan Valley

 1 ADULT IN A ROOM – USD 590.00

 2 ADULTS SHARING A ROOM – USD 460.00 EACH PERSON

MODI'IN TOURS AND TRAVEL, LTD.

2 HA'SOREG STREET, P.O.B. 31824, JERUSALEM, ISRAEL 91317

TEL: 972-2-624-8530 FAX: 972-2-624-9816 USA TEL 212-202-0613

www.modiintours.com

fax@modiintours.com

Modi'in Tours Airport "Meet and Greet" Service

If you wish to register for airport pick up from Modi'in Tours, called the "Meet and Greet Service", contact Modi'in directly. Modi'in will have someone meet you after Passport Control with your name on a card, they will help you through baggage pick up, security, and to their cab or van. You will then be driven to the Jerusalem Hotel. When leaving Israel, you are met by the "Meet and Greet" representative and are helped through security and check-in. You are then taken to a Passport Control counter. This extra service is NOT included in registration fee. Please contact Modi'in for costs and details.

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www.modiintours.com fax@modiintours.com

Special Child Survivors SAR EL Volunteers for Israel Group

Dear Sisters and Brothers, Friends:

The WFJCSH is honored to offer our members the opportunity to support our mishpocha in Israel by staying after our conference for 1 to 2 weeks and volunteering in the SAR EL Volunteers for Israel Program. We Child Survivors have long asked "How can we help our Jewish family in Israel, what can we do?" and here is our opportunity. As SAR EL volunteers, we would be together, on an IDF base, where we are needed.

General information: SAR EL Child Survivors Volunteers for Israel

- 1] minimum participants, 6-8 people
- 2] maximum participants: no maximum
- 3] registration fee \$ 50 per person, for our food, clothing, misc
- 4] participation is possible for 1 or 2 weeks, but prefer 2 weeks.
- 5] pickup date after conference: Sunday November 11, 2007
- 6] pickup place: Renaissance hotel, Jerusalem

Working conditions: light manual work on a military base, from 08.00 till 17.00 hrs, Sunday-Thursday, volunteers receive 2 sets of uniforms (working outfit), socks and boots. **Note:** it is never known in advance exactly where volunteers are to work.

Living conditions: modest (no air condition; no laundromat], sleeping with minimum of 4 people in one room, 3 kosher meals a day

NO application form is necessary, just a list with names, nationality, and passport numbers.

Absolutely necessary: **Medical report**, 3 copies, signed by a MD (can be downloaded from www.sar-el.org)

Passport: Participants have to present three copies of their passport.

Medical insurance card is needed.

Participation, questions, information: contact Max Arpels Lezer at info@sar-el.nl , inform him if you wish to participate in the special SAR EL Child Survivors volunteers group for one week or two weeks. He will get back to you. Also review our website: www.wfjcs.org for updates.

With warm regards,

Stefanie Seltzer, President, WFJCSH
Max Arpels Lezer, Coordinator of SAR EL WFJCSH Program
Rene Lichtman, VP, WFJCSH

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REQUEST FOR MATERIAL FOR COMMEMORATIVE BOOKLET

R. Gabriele S. Silten

Please send this form together with your work.

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 this 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 other creation relating to your experiences, to your memories, or to an aspect of the conference. One of our siblings, Ben Klein, had the following idea, as an example: "Often our existence and/or survival hinged on one small event over which we had no control. In Holland the Nazis ordered all the older people out of the coastal area. My grandparents had to move out of their house, and my family moved in. Our next-door neighbors were in the Dutch Resistance, they saved us, we survived."

If **YOU** have a story like that, shorter or longer, perhaps you can send it. But there is NO THEME; you may send in what you like. Please see below some of the instructions which we have followed in the past:

Your written entries **must be in English**, typewritten and no longer than **three (3)** pages.

All photos will be returned after publication.

PHOTOS: please send only either original copies or copies made by a photographer. (Preferably send good quality copies, so that nothing original gets hurt.)

XEROX copies do not copy well. Any **color** photos will be reproduced in **black and white**, otherwise they are too expensive.

If you send your work by **e-mail**, please add **your name, full address, phone number and e-mail address**.

THANK YOU!

DEADLINE IS: July 15, 2007

Please send to: **R. Gabriele S. Silten; 1875 Canyon Way, Pomona, CA 91768-1412, USA.**

Tel.: (909) 623-0445. E-mail: RGabrieleS@aol.com

Questions? E-mail me or call me. Please fill out the questionnaire.

Your name: _____

Street address: _____

City and State/Country: _____

Zipcode or Postal Code: _____

Telephone number with area code
or City and/or Country code: _____

E-mail: _____

My suggestion for a title of this booklet is:

Thank you all in advance!