

Registration

FIRST REGISTRANT (please print) Adult Student

Name _____

Address _____

E-mail _____

City _____ State _____

Zip Code _____ Phone _____

Session One 7:30 – 8:15 p.m. 1st choice course # _____

2nd choice (if 1st is closed) course # _____

Session Two 8:30 – 9:15 p.m. 1st choice course # _____

2nd choice (if 1st is closed) course # _____

SECOND REGISTRANT (please print) Adult Student

Name _____

Address _____

E-mail _____

City _____ State _____

Zip Code _____ Phone _____

Session One 7:30 – 8:15 p.m. 1st choice course # _____

2nd choice (if 1st is closed) course # _____

Session Two 8:30 – 9:15 p.m. 1st choice course # _____

2nd choice (if 1st is closed) course # _____

PLEASE TELL US

To which congregation do you belong?

How did you learn about the Institute? Jewish Times

Owings Mills Times Mailing Web Friend

Synagogue Other (specify) _____

TOTAL FEES

_____ Adult(s) | \$30/person
(or \$27/person if received by Sept. 13)

_____ Student(s) | \$12/person

Check enclosed: \$ _____

*✂ Cut along the dotted line and return registration form and check made payable to:
Baltimore Board of Rabbis, c/o THE ASSOCIATED, Attn: Rivka Schwebel, 101 W. Mt. Royal Avenue, Baltimore, MD 21201*