



# National Educators' Institute for Jewish Service Learning



June 21-25, 2009 University of Maryland, College Park

## Participant Logistics

<b>Name:</b>	_____
<b>Agency:</b>	_____

### Housing

Housing is provided at a hotel adjacent to the University. Please check this box if you will NOT be staying at the hotel. (Note: If you are not at the Institute designated hotel, expenses related to housing will not be covered).

NO, I am NOT staying at the Institute's designated hotel. I understand that I am responsible for making my own arrangements for transportation to and from the University each day.

Our standard rooming provisions will be to place 2 adults in each room.

If you would like to request a particular roommate, please do so here: \_\_\_\_\_

Depending upon availability, single rooms can be arranged for an additional fee of \$350. Financial assistance is not available for the single-room subsidy, and this fee must be paid in advance of the Institute.

YES, I would like a single room. I will pay \$350 if the hotel is able to accommodate my request.

The hotel is located approximately a mile away from the academic building that we will be using. In the event that participants are unable to walk between the two sites, we will arrange for a shuttle. If you are likely to need/want a shuttle, please check here.

YES, I am likely to need/want shuttle rides between the hotel and campus.

### Meals

The Institute will provide all meals except for one dinner (in DC). All provided meals are strictly kosher. If you have any food related needs (allergies, vegetarian, etc.), please let us know and we will do our best to accommodate you. Food-related needs: \_\_\_\_\_

### Educational Background

What age group(s) do you primarily teach? \_\_\_\_\_

Are you primarily an...  informal educator or a  formal educator?

How much prior experience have you had with:

Community service, volunteering, etc.?  None  Minimal  Moderate  Extensive  
Service-learning?  None  Minimal  Moderate  Extensive

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

### Personal Information

How would you like your name appear to on your name tag? (*i.e. Mr. Smith, Rabbi Bob Smith, Bob Smith*)

What is your date of birth? \_\_\_\_\_

**Please submit this information to PANIM no later than June 1, 2009**

[liak@panim.org](mailto:liak@panim.org) 301-770-6365 (fax)