



## 2009-2010 Jewish Media Information Form

★ This form must be returned to PANIM 6 WEEKS before the seminar. Please Do Not Alter This Form ★  
Please PRINT all information clearly

**Seminar Date:** \_\_\_\_\_ **Sponsoring Institution:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

After your seminar concludes, we will send a press release to your local Jewish newspaper and the community contact person.

*Name of Local Jewish Newspaper:* \_\_\_\_\_

Address of Local Jewish Newspaper: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

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Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

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**For Office Use Only** Date Received: \_\_\_\_\_ Seminar Type: \_\_\_\_\_ PeP/ODS/PDS \_\_\_\_\_ Other \_\_\_\_\_