

Temple Emek Shalom/Havurah Shir Hadash
Rabbi Melissa Weintraub Shabbaton, June 5-7, 2015
Registration Form
Due with payment by May 14, 2015

Date _____

Name(s) _____

Number of Attendees _____

Address _____

City, State, ZIP _____

Phone No. _____

E-Mail _____

PAYMENT ENCLOSED: \$60-\$80 per person, sliding scale. Limited amount of partial scholarships available on a first come, first served basis -- please inquire at TES office (541) 488-2909.

Credit Card Number (Visa/Mastercard only)

Exp. Date _____ CSV # _____

Amount: _____

Name on card: _____

Signature _____

Or:

Check No. _____ Date _____

Amount _____

Make checks payable to Temple Emek Shalom.

TEMPLE EMEK SHALOM, PO BOX 1107, ASHLAND, OR 97520