



Professional Development
Registration Form

Course title: Teaching Hebrew to Young Children II: Celebrations

Please Print Clearly

Male Female

Name _____
(First, Middle Initial, Last)

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Birthdate: _____ Social Security Number: _____
(MM/DD/YEAR)

Current Teaching Position _____

School: _____

Grade level: _____ Hours per week: _____

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Please mail, email (posher@rilcf.org) or fax (978-744-1411) form to Phyllis Osher, Program Associate Robert I. Lappin Charitable Foundation, 29 Congress St., PO Box 986 Salem, MA 01970.