



160 Herrick Road, Newton Centre, MA 02459
Phone: 617-559-8600, Fax: 617-559-8601, hebrewcollege.edu

NETA INTRODUCTORY SEMINAR

REGISTRATION FORM, JUNE 23–JULY 3, 2008 or AUGUST 11–21, 2008

Name (first) _____ (middle) _____ (last) _____ M/F _____

Address _____

City _____ State _____ ZIP _____

Phone (work) _____ (home) _____ (cell) _____

Email _____

Date of birth _____ Social Security number _____

Name of school _____

School address _____

City _____ State _____ ZIP _____

Phone _____

Email _____

Adviser name _____ Signature _____ Date _____

Student signature _____ Date _____

Course Number

NE-EDUC-501

Course Title/Instructor

NETA Introductory Seminar
Kobliner and NETA Team

Graduate Credits

3

I will attend the following session (choose one):

June 23–July 3, 2008

August 11–21, 2008

Accommodations During the Workshop

Arrival date and time: _____

Departure date and time: _____

I would like NETA to reserve a room for me.

I would prefer to share a room with: _____

I would prefer a single room, and I am attaching a check to cover the \$80 per night surcharge.

(See room charges below.)

Meals

Three kosher meals a day will be provided.

I would like to order vegetarian meals.

I would like to order *Cholov Yisroel* meals.

Fees

Seminar Tuition free

Room Charges

Shared free

Single \$800

Make checks payable to NETA–Hebrew College.

Please return this registration form with payment to the NETA office before May 1, 2008.

By fax: 617-559-8669

By mail: NETA–Hebrew College, 160 Herrick Road, Newton Centre, MA 02459

For more information

617-559-8665

areiter@hebrewcollege.edu

