



## World Federation of Jewish Holocaust Survivors & Descendants

in cooperation with

Generations of the Shoah International (GSI)

and

The Kindertransport Association (KTA)

invites you to the



### 34th Annual International Conference of Survivors, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> Generations, and Partners September 20-23, 2024

Hilton Toronto/Markham Suites Conference Ctr. and Spa

8500 Warden Ave., Markham, ON L6G 1A5 Canada

Phone: +1 905-470-8500

### REGISTRATION PACKET

For conference information and updates, visit [www.holocaustchild.org](http://www.holocaustchild.org) or contact Lily Elbaum, Conference Coordinator, [wf2024conference@holocaustchild.org](mailto:wf2024conference@holocaustchild.org) tel: +1 617-224-6505.

- 1. Registration & Payment:** To register and pay online, fill out the online registration form at [www.holocaustchild.org/conferences/register-now/](http://www.holocaustchild.org/conferences/register-now/) and pay by credit card or PayPal. To pay by check, complete the Conference Registration and Payment Forms and mail with a check made out to the **World Federation of Jewish Child Survivors and Descendants** (specify USD or CAD currency) to:  
WFJHS&D2024  
c/o Lily Elbaum  
320 Middlesex Avenue, Bldg. A, Apt. A308  
Medford, MA 02155 USA
- 2. Hotel Reservation:** see Page 5.
- 3. Full conference registration fee** \$600 CAD (approx. \$450 USD): includes all conference materials; 3 breakfasts, 2 lunches, and 3 dinners; workshops; panel presentations and discussions; and plenty of time for schmoozing with old and new friends.
- 4. We also offer single-day registration** at \$270 CAD (approx. \$200 USD). Additional guests are welcome for Friday Dinner \$170 CAD (approx. \$125 USD)
- 5. Conference schedule:** Registration opens at noon on Friday, September 20. The official Conference begins with a welcome dinner on Friday evening and concludes just before lunchtime on Monday.
- 6. Support & Donations:** The Steven Adler Fund welcomes donations to support the WFJHS&D.  
***Please encourage 2<sup>nd</sup> and 3<sup>rd</sup> Generation members to attend.***  
***Thank you and see you in Toronto.***



The Conference on Jewish Material Claims Against Germany

The WFJHS&D wishes to acknowledge The Conference on Jewish Material Claims Against Germany for helping to underwrite Café Europa activities.

**World Federation of Jewish Holocaust Survivors & Descendants**  
**34th Annual International Conference**  
**Friday, September 20 – Monday, September 23, 2024**  
**REGISTRATION FORM**  
*Please print clearly*

**Primary Participant:** Last Name, First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country \_\_\_\_\_

Telephone (Country/Area Code): Home/Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Year: \_\_\_\_\_

Original/maiden name \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

**I will attend:**     Full conference     Saturday only     Sunday only     Friday night dinner

**Food Requirements (check ALL that apply):**

Kosher     Vegetarian     Vegan     Gluten free     Dairy free     Food allergies  
Specify allergies \_\_\_\_\_

**Special Needs:**

Need room to accommodate mobility issues:     walker     wheelchair

**Member (check ALL that apply):**

World Federation of Jewish Holocaust Survivors & Descendants     GSI     KTA  
Other (specify) \_\_\_\_\_

**Check ALL that apply:**

Survivor     Kindertransport     Second Generation     Third Generation  
 Fourth Generation     Non-survivor spouse/partner     Other (specify) \_\_\_\_\_

**Have you attended WFJHS&D Conferences before?**     Yes     No

**Are you staying at the hotel?**     Yes     No

**Need a roommate?**     Yes     No

(If you are interested in sharing a room with another conference attendee, for assistance, contact Lily Elbaum)

**Are you departing before Monday's breakfast?**     Yes     No

**Would you like to be listed in the Attendees' Book?**     Yes     No  
(The book includes names, addresses, telephone numbers, and email addresses)

**Emergency contact name and phone number:** \_\_\_\_\_

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**ADDITIONAL PARTICIPANT(S) REGISTRATION FORM**  
*Please print clearly*

**Primary Participant:** Last Name, First Name \_\_\_\_\_

**Additional Participant:** Last Name, First Name: \_\_\_\_\_  
(Please copy and fill out this form for each additional Participant)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone (country/area code): Home/Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Year: \_\_\_\_\_

Original/maiden name \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

**Will attend:**     Full conference     Saturday only     Sunday only     Friday night dinner

**Food Requirements (check ALL that apply):**

Kosher     Vegetarian     Vegan     Gluten free     Dairy free     Food allergies  
Specify allergies \_\_\_\_\_

**Special Needs**

Need room to accommodate mobility issues:     walker     wheelchair

**Member (check ALL that apply):**

World Federation of Jewish Holocaust Survivors & Descendants     GSI     KTA  
Other (specify) \_\_\_\_\_

**Check ALL that apply:**

Survivor     Kindertransport     Second Generation     Third Generation  
 Fourth Generation     Non-survivor spouse/partner     Other (specify) \_\_\_\_\_

**Have you attended WFJHS&D Conferences before?**     Yes     No

**Are you staying at the hotel?**     Yes     No

**Need a roommate?**     Yes     No

(If you are interested in sharing a room with another conference attendee, for assistance, contact Lily Elbaum)

**Are you departing before Monday breakfast?**     Yes     No

**Would you like to be listed in the Attendees' Book?**     Yes     No

(The book includes names, addresses, telephone numbers, and email addresses)

**Emergency contact name & phone number:** \_\_\_\_\_

**World Federation of Jewish Holocaust Survivors & Descendants  
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**PAYMENT FORM**

**Primary Participant:** Last Name, First Name: \_\_\_\_\_

**Additional Participant (s):** Last Name, First Name: \_\_\_\_\_

**Full Conference**

\$600 CAD (approx. \$450 US) per person  
(Includes all meals [3 breakfasts, 2 lunches, 3 dinners], all sessions, materials and events).

**Single-day:**  Sunday

\$270 CAD (approx. \$200 USD) per person  
(includes all meals and activities on the specified day)

**Friday Dinner**

\$170 CAD (approx. \$125 USD) per person

**Conference Participants** (enter number[s]) in the brackets):

|                                                                                         |          |
|-----------------------------------------------------------------------------------------|----------|
| <input type="checkbox"/> Full Conference* Participants x \$600 CAD (approx. \$450 USD)* | \$ _____ |
| <input type="checkbox"/> Single Day Participants x \$270 CAD (approx. \$200 USD)        | \$ _____ |
| <input type="checkbox"/> Friday Dinner only x \$170 CAD (approx. \$125 USD)             | \$ _____ |

\* *includes Friday night dinner*

**Donations to the Steven Adler Fund:**

(Provides financial support for conference attendance) \$ \_\_\_\_\_

**TOTAL AMOUNT DUE**

\$ \_\_\_\_\_

**Method of registration and payment (check one):**

For online registration and payment (credit card or PayPal), visit our website:  
[www.holocaustchild.org/conferences/register-now/](http://www.holocaustchild.org/conferences/register-now/)

If paying by check, make it payable to the **World Federation of Jewish Holocaust Survivors and Descendants** (specify CAD or USD). Complete all sections of the Registration Packet: Page 2; if applicable, Page 3; and Page 4. Write the name of the Participant (s) on the check memo line and mail everything to:

**WFJHS&D 2024  
c/o Lily Elbaum  
320 Middlesex Avenue, Bldg. A, Apt. A308  
Medford, MA 02155 USA**

**Registration deadline is September 11, 2024. Registration is refundable until September 11, minus a \$25.00 USD processing charge.**

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**HOTEL RESERVATION INSTRUCTIONS AND UPDATE**

The conference is being held at **Hilton Toronto/Markham Suites Conference Ctr. and Spa**  
**8500 Warden Ave., Markham, ON L6G 1A5, Canada**  
**Phone: +1 905-470-8500**

**The Hilton hotel is fully booked for September 21-23. To contact reservations and inquire about any changes to availability go to:**

<https://www.hilton.com/en/attend-my-event/wfjhsanddbookinglink/>

To contact the hotel by phone call + 1 905-470-8500 and then dial "0." Ask the operator for extension 2037 (Solean Pareja). If she is not available, leave a message. During weekends, dial + 1 905-470-8500 and then immediately 0. **Ask for availability of WFJHS&D room rate code: 0JHR.** (Group rate: \$189 CAD plus 20.52% taxes & fees per room per night for single or double occupancy; overnight parking: \$6 CAD /night).

**ADDITIONAL HOTEL ACCOMODATIONS**

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We have secured additional hotel accommodations at the nearby Marriott (Delta) Markham at the preferential rate of \$199 CAD plus 20.52% taxes & fees per room per night for single or double occupancy from September 17 to September 24, 2024. The hotel is located about 2 miles from the Hilton Conference Center. **Shuttle service between the Delta/Marriott and the Hilton hotels will be provided throughout the Conference.**

To reserve online, use the [Delta/Marriott direct reservation link](#)

To reserve by phone call +1 905 477 2010 and ask for the World Federation of Jewish Holocaust Survivors and Descendants preferential rate.

We look forward to seeing you in Toronto!

**CONFERENCE ATTENDANCE LIMITED TO 300, REGISTER EARLY!**

**REMEMBER TO BRING ALL MEDICATIONS AND INSURANCE CARDS**

**PURCHASING TRIP INSURANCE IS HIGHLY RECOMMENDED**

**PLEASE REMEMBER TO BRING YOUR PASSPORT**

**MASKS ARE NOT MANDATORY BUTRECOMMENDED**

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