



Short Program Registration Form

Please print and mail this form to Shalem. One form per person.

Event For Which You Are Registering: _____

Name: _____

Address: _____

City/State/ZIP: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Your Occupation: _____ Your Faith Tradition: _____

Payment Enclosed:

Full payment \$ _____

A tax-deductible contribution of \$ _____ is also enclosed.

Check Enclosed (payable to "Shalem").

If you'd like to pay with a credit card, please call the office at the phone number below.

Return this completed form to the address below. You will receive a registration confirmation with any further information necessary for the program.

Shalem Institute ✦ 3025 Fourth Street, NE, Suite 22, Washington, DC 20017 ✦ Phone 301-897-7334
✦ Fax 202-595-0036 ✦ www.shalem.org

Thank you!