



Remembering the Past, Shaping the Future

### Names Recovery Campaign

#### Registration Form

*Please fill out the details of the person coordinating the Names Recovery Campaign and return to Yad Vashem via fax: 972-2-644-3409*

Name: \_\_\_\_\_  
*first* *last*

Title: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Mailing address:  
\_\_\_\_\_  
\_\_\_\_\_

Website: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

How did you learn about the Names Recovery Campaign?  
\_\_\_\_\_  
\_\_\_\_\_

When do you plan to begin your Names Recovery Campaign?  
\_\_\_\_\_