



ADL YOUTH LEADERSHIP CONFERENCE:
Exploring Diversity, Challenging Hate



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SCHOOL REGISTRATION FORM

Tuesday, November 25, 2008 • 8:30 am – 3:30 pm
University of Pennsylvania, Perelman Quad
3417 Spruce Street between 34th and 35th Streets, Philadelphia, PA

School Name: _____ Check if you are a No Place for Hate® School []
School Address: _____
City: _____ State: _____ Zip: _____
School Phone Number: _____ School Fax: _____

Each school may send up to two advisors and up to seven 10th or 11th grade (only) students to the conference. Acceptance is on a first-come, first-served basis. PLEASE PRINT CLEARLY.

1. Teacher/Advisor Attending Conference: _____

Teacher's Phone Number: _____ Teacher's Email Address: _____

2. Teacher/Advisor Attending Conference: _____

Teacher's Phone Number: _____ Teacher's Email Address: _____

1. Student Name _____ Grade: _____

2. Student Name _____ Grade: _____

3. Student Name _____ Grade: _____

4. Student Name _____ Grade: _____

5. Student Name _____ Grade: _____

6. Student Name _____ Grade: _____

7. Student Name _____ Grade: _____

School Group Sign Off:

The persons named above have permission to be excused from all classes on November 25, 2008 to attend the ADL Youth Leadership Conference.

Signature of principal/school designee: _____ Date: _____

Print Name: _____ Title: _____

This form must be received by the ADL by October 15, 2008. Mail to:
Anti-Defamation League • One Penn Center, Ste. 1160 • 1617 John F. Kennedy Blvd.
Philadelphia, PA 19103 • Fax: 215-568-5526
Questions? Please call 215-568-2223