



## Please Fill Out and Return:

Name 1: \_\_\_\_\_

Name 2: \_\_\_\_\_

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

\_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Synagogue Affiliation:

\_\_\_\_\_

Course Dates: Mondays: October 19, 26; November 2, 16, 23, 30.

Class Sessions: 7:30—8:15 PM

Guest Speaker: 8:15—9:30 PM

Cost: \$36.00 per household/for the six weeks of courses and lectures on ZOOM only.

Check Enclosed for \$ \_\_\_\_\_. Please make checks payable to:

Dix Hills Jewish Center  
(with the word "CHAI" in the memo)

Please mail checks to:  
ADULT ED INSTITUTE  
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Dix Hills, NY 11746

Questions? Email to: [gjospa@optonline.net](mailto:gjospa@optonline.net)