

2010 Teva Seminar Partnership Information

(Please type or print as you would like this information to appear in the 2010 Seminar guidebook)

Organization/Business Name

Contact Information:

Street _____

City _____ State _____

Zip Code _____

Telephone _____ Fax _____

E-mail _____

Website _____

Name of Primary Contact _____

Title _____

Focus of Organization

Please describe the focus of your organization and its relationship to Jewish and/ or Environmental Education:

Commitment level (please check one)

Full Partner for 2010 Teva Seminar: \$1,000

Program Fair vendor/One-day participant: \$100

I _____ am authorized by the organization listed above to commit to this Partnership for the 2010 Teva Seminar. I understand that the above named organization will be listed in the Teva Seminar guidebook and Seminar website as a Partner (or vendor) and that the organization listed above will have the benefits of membership listed on the attached form.

Signature, Date

I _____ agree to actively promote the Teva Seminar through print and/or email.

Signature, Date

Thank you!

**Please complete this form & return with your payment to:
Teva Learning Center, 307 7th Ave., Ste. 900, New York, NY 10001**