

Levy Summer Series Registration

Registration by phone: **608-442-4081**
Mail or in-person: **Jewish Social Services,**
6434 Enterprise Lane, Madison WI 53719

Please print your name(s) on dates you will attend and check your meal preference(s). All events are \$25 per person. On the provided lines, please list the names of your guests and their meal preference. *Scholarships are available: contact Paul Borowsky at 608-442-4083 or paul@jssmadison.org.*

Schedule: 10:30-11 am check-in, 11:00-12:30 presentation, 12:30-1:30 lunch
Luncheons and presentations all take place at Nakoma Golf Club in Madison

Tuesday, June 14: Harry Handler and Cindy Schweich Handler
“Fritz Oppenheimer: The Refugee Returns”

Grilled Tilapia *or* Roasted Vegetable Napoleon

NAME	FISH	VEG
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>

* Deadline for registration is Tuesday, May 31

Wednesday, July 20: Professor Steven Nadler
“Think Least of Death: Spinoza on How to Live and How to Die”

Pan-fried Walleye *or* Sun-dried tomato and asparagus quiche

NAME	FISH	VEG
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>

* Deadline for registration is Wednesday, July 6

Wednesday, August 10: Lawrence Tabak
“Wanderings in the Land of Loss”

Baked salmon *or* Vegetable phyllo

NAME	FISH	VEG
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>

* Deadline for registration is Wednesday, July 27

Meals in this series have been generously subsidized.

Program and menu descriptions also at www.jssmadison.org/events/levy-summer-series

Please enclose your check or use your credit card

CONTACT INFORMATION

Name: _____
Address: _____
City: _____
State/Zip: _____
Phone: _____
Email: _____

PROGRAMS @ \$25 EACH

of programs _____ x # of attendees _____

Total Program Fees: _____
Additional Optional Donation for
Senior Program Scholarships: _____
Total Enclosed: _____

PAYMENT INFORMATION

Make checks payable to Jewish Social Services or enter credit card information

Check enclosed
Check number _____

Credit/Debit Card Type: Visa MasterCard
Name on Card: _____
Card Number: _____
Exp. Date: CVC Code (*on back*): _____
Signature: _____

**Mail or bring registration & payment to: Jewish Social Services,
6434 Enterprise Lane, Madison WI 53719**
