



OREGON NIKKEI ENDOWMENT

Tour & Program Request

1: PLEASE TELL US WHO YOU ARE:

Today's Date: _____

Group Name (School and Class):

Contact Name: _____

Address: _____

Phone (daytime): _____

City/State/Zip: _____

Phone (cell): _____

E-mail: _____

2: CHECK THE PROGRAM(S) OF YOUR CHOICE:

- A Visit to the Museum*
(standard chronological tour)
- Identity*
- Civil Rights*
- Classroom/Off-site speaker
- Museum in a Suitcase*
- Japanese American Historical Plaza tour

Grade/Age: _____

Students: _____

Adults: _____

3: PREFERRED DATES AND TIMES:

DATE (e.g. Thursday, 10/23/12, 10:30 a.m.)

1st choice:

2nd choice:

3rd choice:

Learning Focus:

4: FAX TO 503-224-1459 or

E-mail info@oregonnikkei.org

OFFICE USE ONLY

Billing date:

Amount:

Paid: