



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

Grade/Age: _____

Civil Rights

Students: _____ # Adults: _____

Classroom/Off-site speaker

Museum in a Suitcase

Japanese American Historical Plaza tour

Learning Focus: _____

3: PREFERRED DATES AND TIMES:

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

1st choice: _____

2nd choice: _____

3rd choice: _____

4: FAX TO 503-224-1459 or

E-mail info@oregonnikkei.org

OFFICE USE ONLY

Billing date: _____

Amount: _____

Paid: _____