

# KAVOD SPRING MEETING AGENDA

KAVOD

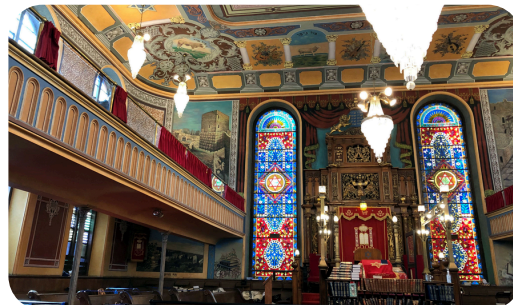


INDEPENDENT JEWISH FUNERAL CHAPELS  
MEMBERSHIP BY INVITATION

**SUNDAY, NOVEMBER 9, 2025**

**3:00 PM - 5:30 PM**

Lower Eastside Jewish Conservancy  
Tour of historic landmarks  
showcasing the rich Jewish heritage  
of New York City  
(itinerary to be announced)



**6:30 PM**

**Wolf & Lamb Steakhouse**

Prix Fixe Menu includes 4 appetizers, 5 Main Courses  
with Sides and 2 Types of Desserts. Cash Bar  
16 E. 48<sup>th</sup> Street New York, NY 10017



**MONDAY, NOVEMBER 10, 2025**

**8:00 AM - 8:30 AM** - Kosher Breakfast

(Bagels, Lox, Fruit, Danish, Coffee and Beverages)

**8:30 AM - 10:30 AM** - Business Meeting

**10:30 AM - 11:30 AM** - Presentation

Presented by: Michael Butsch

Secure Community Network

**“Countering Active Threat Training (CATT)”**



**Michael Butsch**

Secure Community Network



**Meeting Location**

**The Westin Times Square**  
270 W 43rd St, New York, NY 10036



# KAVOD FALL MEETING

## 2025 REGISTRATION FORM

**Firm** : \_\_\_\_\_

**Address** : \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Telephone** : \_\_\_\_\_

**Registrant #1** : \_\_\_\_\_

**Email (needed for confirmation)** : \_\_\_\_\_ **Cell #** : \_\_\_\_\_

**License #s & States** : \_\_\_\_\_ **Academy #** : \_\_\_\_\_

**Registrant #2** : \_\_\_\_\_

**Email (needed for confirmation)** : \_\_\_\_\_ **Cell #** : \_\_\_\_\_

**License #s & States** : \_\_\_\_\_ **Academy #** : \_\_\_\_\_

**Registrant #3** : \_\_\_\_\_

**Email (needed for confirmation)** : \_\_\_\_\_ **Cell #** : \_\_\_\_\_

**License #s & States** : \_\_\_\_\_ **Academy #** : \_\_\_\_\_

***Please list any special accommodations needed:*** \_\_\_\_\_

**Member Registrant**.....\$225 per person \_\_\_\_\_

***Registration includes Kosher Breakfast on Monday, November 10th, Business Meeting and 1 CE Credit***

***Add Ons: Not Included in Registration***

**November 9th: Lower Eastside Jewish Conservancy Tour**.....\$40 per person \_\_\_\_\_

**November 9th: Unsanctioned Dinner @ Wolf & Lamb**.....\$200 per person \_\_\_\_\_

***Guest Name(s):*** \_\_\_\_\_

**Method of Payment:**

**Total Enclosed \$** \_\_\_\_\_

☐ Check (U.S. dollars drawn on U.S. bank) payable to KAVOD;  
send to: 200 N. Congress St. Suite 501 Jackson MS 39201

☐ Visa

☐ Mastercard

☐ American Express

☐ Discover

**Convenience Fees Apply**

\_\_\_\_\_  
**Credit Card Number**

\_\_\_\_\_  
**Expiration Date**

\_\_\_\_\_  
**Security Code**

\_\_\_\_\_  
**Billing Zip Code**

\_\_\_\_\_  
**Card Holder**

\_\_\_\_\_  
**Signature**

KAVOD reserves the right to cancel the program due to circumstances beyond its control. Should circumstances arise that result in the postponement of a program, registrants will have the option to either receive a full registration refund or transfer registration to the same program at a future date. KAVOD's liability for any cancellation is limited to a refund of the registration fee and shall not extend to any other claims, including, but not limited to, travel expenses, cancellation fees, lost wages, inconvenience and other related costs