



*The Fifteenth TANA Conference*  
*Cobo Center, Detroit, MI, July 1<sup>st</sup> to 3<sup>rd</sup>, 2005*  
*Literary and Souvenir Committee*



**Registration Form for the Vocabulary Contests (#pada j~naana pOTeelu#)**

(Note: Only sponsored contests from the local associations are eligible to participate at the TANA level. The associations conducting the contests for selection are considered as Sponsoring organizations. Representative of the Sponsoring organization must complete and submit this form *via* email to: ari@oakland.edu)

**Sponsoring Organization Information:**

Name of Organization:		City:	
Contact Person:		Phone:	Email:

**Contest Winner Information:**

Age group: 3&4 years:

First Place:

Name:		Date of Birth:		Phone:	
Attending TANA Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered for Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Second Place:

Name:		Date of Birth:		Phone:	
Attending TANA Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered for Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Third Place:

Name:		Date of Birth:		Phone:	
Attending TANA Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered for Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Age group: 5-10 years:

First Place:

Name:		Date of Birth:		Phone:	
Attending TANA Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered for Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Second Place:

Name:		Date of Birth:		Phone:	
Attending TANA Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered for Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Third Place:

Name:		Date of Birth:		Phone:	
Attending TANA Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered for Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Age group: 11-17 years:

First Place:

Name:		Date of Birth:		Phone:	
Attending TANA Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered for Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Second Place:

Name:		Date of Birth:		Phone:	
Attending TANA Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered for Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Third Place:

Name:		Date of Birth:		Phone:	
Attending TANA Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered for Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Expert group (10-17 year olds immigrated from AP in the last 3 years):

First Place:

Name:		Date of Birth:		Phone:	
Attending TANA Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered for Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Second Place:

Name:		Date of Birth:		Phone:	
Attending TANA Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered for Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Third Place:

Name:		Date of Birth:		Phone:	
Attending TANA Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered for Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Signature (if submitted by regular mail): \_\_\_\_\_

Date: \_\_\_\_\_