



**21st Annual Summer Institute for Educational Interpreters  
June 10 - 13, 2013**

*Registration Form*

Name \_\_\_\_\_ Gender\* \_\_\_\_\_  
\*for assignment of roommate

Home Address \_\_\_\_\_  
\_\_\_\_\_

School System Where Presently Employed \_\_\_\_\_

School Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Describe the nature of your present work/employment as an interpreter. Include age range of student(s), subject(s), etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a certified interpreter? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

How many years have you been signing? \_\_\_\_\_ Interpreting? \_\_\_\_\_  
(Continued on back of page)

How would you rate your interpreting skills? (this will be used to group participants - please be very honest in your assessment)

beginner     advanced beginner     intermediate     advanced

Have you participated in previous Institutes? \_\_\_\_\_

When? (list all years attended) \_\_\_\_\_

Do you have any disabilities/dietary restrictions we need to know about? \_\_\_\_\_

If yes, please indicate \_\_\_\_\_

Do you want housing on TSD campus? \_\_\_\_\_

Name of preferred roommate \_\_\_\_\_

Have you discussed it with this person? \_\_\_\_\_

Address and phone for roommate \_\_\_\_\_

\_\_\_\_\_

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Registration fee is \$55.00, payable to PTCA of TSD (Parent Teacher Counselor Association of the Tennessee School for the Deaf). Please complete the registration form and mail it, along with your check, to:**

**Tina Prochaska  
Tennessee School for the Deaf  
2725 Island Home Blvd.  
Knoxville, TN 37920**

**Deadline for registration is May 15, 2013**