

2016 POTAWATOMI LANGUAGE CONFERENCE REGISTRATION FORM

Name:		
Address:		
City:	State:	Zip:
Phone (cell):		
Phone (work):		
Phone (home):		
E-mail:		

PLEASE CHECK THE DATES YOU PLAN ON ATTENDING (MEALS ARE PROVIDED)

July 27th

July 28th

July 29th

Names and ages of guests who plan on attending: