

# Inga Kromann Children's and Young Adult Book Award Registration Form

Name: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Degree Program:     \_\_\_\_\_ Early Childhood/Human Development  
                          \_\_\_\_\_ Elementary Education Program  
                          \_\_\_\_\_ Secondary Education Program  
                          \_\_\_\_\_ Graduate Program

Title of Book: \_\_\_\_\_

Genre(s): \_\_\_\_\_

Please circle the appropriate category:

- Primary (Grades K-3)
- Intermediate (Grades 3-6)
- Middle to High School (Grades 7-12)

Please note: If you answer NO to any of the below questions, your book is not eligible for the award.  
Please initial each statement.

- |     |    |  |
|-----|----|--|
| Yes | No | I have been admitted to a Teaching and Learning Education Program. _____   |
| Yes | No | I am currently enrolled at Washington State University in Pullman. _____   |
| Yes | No | The literary text and illustrations are my original work. _____  |
| Yes | No | I agree that the decision of the judges is final. _____  |
| Yes | No | I agree that if my book is selected for the Medal Award one bound copy will be in the Brain Education Library and one given to Inga Kromann. _____   |
| Yes | No | I agree that if my book is selected for a Medal or Honor Award that an electronic copy will be archived. _____                                       |
| Yes | No | I agree that my book may be used as an example in classes, at conferences, and other professional settings. _____                                    |
| Yes | No | I agree that my name and photograph can be used in newsletters and webpages that report information about the Inga Kromann Book Award Program. _____ |
| Yes | No | I understand that I retain all copyrights to my book. _____  |

Signature Statement:

My signature confirms that my answers to the above statements are true.

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

Print Name: \_\_\_\_\_