

AUTHOR INFORMATION FORM

PLEASE TYPE OR PRINT CLEARLY

State name for correspondence purposes:

Honorific	First Name	Middle Name	Last Name
-----------	------------	-------------	-----------

For Library of Congress cataloging purposes state completely: Check here to use the same name as above.

Full Name: _____

First Name	Middle Name	Last Name
------------	-------------	-----------

Date of Birth: _____

Month / Day / Year

Country of Citizenship

Mailing Preference (check one): Work Home

Email Address: _____

Work Address:

City _____ State _____ ZIP Code _____

Country _____

Direct Phone: _____

Other Phone: _____

Fax: _____

Home Address:

City _____ State _____ ZIP Code _____

Country _____

Direct Phone: _____

Other Phone: _____

Fax: _____

Temporary Address:

City _____ State _____ ZIP Code _____

Country _____

Duration: From _____ To _____

Direct Phone: _____

Other Phone: _____

Fax: _____

FOR OFFICE USE ONLY

Date Stamp:
Series Code:
Title:

Check One: New Update
Season: AE: PE: