

"Founders of Black History Month"

**REGISTRATION DEADLINE:**

**June 17, 2011**

**Completed Applications**

**Require ALL of the Following:**

1. **Completed Request Form** (with additional pages if necessary)
2. **Registration Fee of \$40.00**
3. **Copies of the book (s) you intend to sell at the Book Signing**
4. **Name of the Representative attending to support the sale of your book (s)** (MAX. 1 person)
5. **Author must be member of ASALH by July 1, 2011**

**BOOK INFORMATION**

**Title 1:** \_\_\_\_\_

Brief Description: \_\_\_\_\_  
\_\_\_\_\_

Copyright Year: \_\_\_\_\_ # of Copies You Intend to Bring: \_\_\_\_\_

**Title 2:** \_\_\_\_\_

Brief Description: \_\_\_\_\_  
\_\_\_\_\_

Copyright Year: \_\_\_\_\_ # of Copies You Intend to Bring: \_\_\_\_\_

**AUTHORS BOOK SIGNING REQUEST FORM**

PLEASE TYPE OR PRINT CLEARLY

Prefix \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day ( ) \_\_\_\_\_ - \_\_\_\_\_ Evening ( ) \_\_\_\_\_ - \_\_\_\_\_ Mobile ( ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Primary Contact Person \_\_\_\_\_ Rep. attending for book sales \_\_\_\_\_  
(if different from author)

Please attach a list of additional titles, publisher information and how many copies you intend to bring of your publications. **PLEASE NOTE:** ASALH will not assume responsibility for the transportation of publications to and from book signing location at the time of the event and any damages incurred herewith. We reserve the right to reject books submitted that are contrary to the scholarly mission and tradition of ASALH.

I, (please print) \_\_\_\_\_, certify that the above information is complete and accurate.

**X** \_\_\_\_\_ Date \_\_\_\_\_

**PUBLISHER INFORMATION**

**Publisher Co. 1:** \_\_\_\_\_

Contact Person: \_\_\_\_\_ Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day ( ) \_\_\_\_\_ - \_\_\_\_\_ Eve. ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

**Publisher Co. 2:** \_\_\_\_\_

Contact Person: \_\_\_\_\_ Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day ( ) \_\_\_\_\_ - \_\_\_\_\_ Eve. ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

**Method of Payment:**  Check or Money Order  Visa  MasterCard  AMEX Code \_\_\_\_\_ *pay online at [www.asalh.org](http://www.asalh.org)* Total Amount \$ \_\_\_\_\_

Card holder's name \_\_\_\_\_ Billing Address \_\_\_\_\_

Signature \_\_\_\_\_ Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

**RETURN THIS FORM WITH PAYMENT TO:**