

LOCAL AUTHOR SUBMISSION FORM

Name _____

Address _____

Phone _____ Email _____

Website (if applicable) _____

Title of Book _____

Publisher _____ Year Published _____

Intended Audience _____

Genre _____

Brief Summary _____

If nonfiction, please list your credentials or your expertise in the area _____

Please indicate any professional reviews or media coverage _____

Are you interested in a potential program presentation about your book, if asked by the library?

Yes _____ No _____

Please indicate that you agree to the Local Author Procedure as stated. ___ I agree.

Signature _____ Date _____

Johnson City Public Library
100 W. Millard St.
Johnson City, TN 37604
Attention: Manager, Adult Services