

**JOHNSON CITY PUBLIC LIBRARY LOCAL AUTHOR SUBMISSION FORM**

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

Address: \_\_\_\_\_

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

Website (if applicable): \_\_\_\_\_

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

Publisher: \_\_\_\_\_ Year Published: \_\_\_\_\_

Intended Audience: \_\_\_\_\_

Genre: \_\_\_\_\_

Brief Summary: \_\_\_\_\_

\_\_\_\_\_

If nonfiction, please list your credentials or expertise in the area: \_\_\_\_\_

\_\_\_\_\_

Please list professional reviews or media coverage: \_\_\_\_\_

\_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_

*Please sign and date below to indicate that you agree to the Local Author Procedure as stated.*

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

-----

**STAFF USE ONLY**

Add \_\_\_\_\_ Do Not Add \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_