

## AUTHOR INFORMATION FORM

PLEASE TYPE OR PRINT CLEARLY

*State name for correspondence purposes:*

Honorific	First Name	Middle Name	Last Name
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*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
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Date of Birth: \_\_\_\_\_

Month / Day / Year	Social Security Number	Country of Citizenship
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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:  
Subtitle:

Check One:  New  Update  
Season:                  AE:                  PE: