

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: _____

<p><i>Temporary Address:</i></p> <p>_____</p> <p>_____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Country _____</p>	<p>Duration: From _____ To _____</p> <p>Direct Phone: _____</p> <p>Other Phone: _____</p> <p>Fax: _____</p>
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FOR OFFICE USE ONLY

Date Stamp:
Series Code:
Title:

Check One: New Update
Season: AE: PE: