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| --- | --- |
| jjj | Publisher Contact Information |

Complete this form to be added to the Instructional Material Bureau email distribution list

**1. PUBLISHER CONTACT INFORMATION**

|  |  |
| --- | --- |
| Publisher Name: |  |
| Imprint: |  |
| Main Address: |  |
| Website: |  |

**2. PUBLISHER REPRESENTATIVE CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Contact Name: |  | Title: |  |
| Street Address: |  | City, State, Zip: |  |
| Telephone/Ext: |  | E-Mail: |  |
|  | | | |
| **3. ADDITIONAL INFORMATION OR COMMENTS** | | | |
|  | | | |