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| jjj | FORM A: Publisher Contact Information 2019 Adoption |

**1. PUBLISHER CONTACT INFORMATION**

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| --- | --- | --- | --- |
| Publisher Name: |  | | |
| Imprint: |  | | |
| NM Publisher Code: |  | City and State of Publishing Business: |  |

**2. DESIGNATION OF DISTRIBUTION POINT/DEPOSITORY**

|  |  |
| --- | --- |
| New Mexico Distribution Point/Depository: |  |

**3. AUTHORIZED REPRESENTATIVE INFORMATION**

|  |
| --- |
|  |
| Name: |  | Title: |  |
| Street Address: |  | City, State, Zip |  |

**4. CERTIFICATION: AGREEMENT TO TERMS AND CONDITIONS**

|  |
| --- |
| **Certification of Authorized Representative for Agreement Purposes:** The authorized representative for the publisher named above agrees to the terms and conditions, outlined in the bid instructions, and certifies that all information submitted in response to this RfA is true and accurate.  Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**5. PUBLISHER STAFF CONTACTS**

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| --- | --- | --- | --- |
| **CORPORARATE BIDS/CONTRACTS AGREEMENT MANAGER** | | | |
| Contact Name: |  | Title: |  |
| Street Address: |  | City, State, Zip: |  |
| Telephone/Ext: |  | E-Mail: |  |
|  | | | |
| **DESIGNATED CONTACT REPRESENTATIVE** | | | |
| Contact Name: |  | Title: |  |
| Street Address: |  | City, State, Zip: |  |
| Telephone/Ext: |  | E-Mail: |  |
| **NEW MEXICO REPRESENTATIVE** | | | |
| Contact Name: |  | Title: |  |
| Street Address: |  | City, State, Zip: |  |
| Telephone/Ext: |  | E-Mail: |  |
| **OTHER – Additional information or comments** | | | |
|  | | | |

**6. PUBLISHER WEBSITE**

|  |
| --- |
| Web address: |

**7. SYNOPSIS OF MATERIAL SUBMITTED FOR ADOPTION**

|  |  |  |  |
| --- | --- | --- | --- |
| **CORE/BASAL** | | **SUPPLEMENTAL** | |
| Number of Titles |  | Number of Titles |  |
| Number Digital Only |  | Number Digital Only |  |