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|  | FORM A: Publisher Contact Information 2020 Adoption |

**1. PROVIDER/PUBLISHER CONTACT INFORMATION**

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

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

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| New Mexico Distribution Point/Depository: |        |

**3. AUTHORIZED REPRESENTATIVE INFORMATION**

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

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

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| **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. PROVIDER/PUBLISHER STAFF CONTACTS**

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| **CORPORATE 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: |       |

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| **SUMMER REVIEW INSTITUTE CONTACT INFORMATION: Please provide the names of three contacts who will be available to answer questions about the Form F: *Citation Alignment and Scoring Rubric* (beyond what can be answered by reviewing the submitted instructional video about the material) and to solve problems with digital access or materials during the Summer Institute.** |
| Contact Name: |       | Title: |       |
| Street Address: |       | City, State, Zip: |       |
| Telephone/Ext: |       | E-Mail: |       |

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| --- | --- | --- | --- |
| Contact Name: |       | Title: |       |
| Street Address: |       | City, State, Zip: |       |
| Telephone/Ext: |       | E-Mail: |       |

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| --- | --- | --- | --- |
| Contact Name: |       | Title: |          |
| Street Address: |        | City, State, Zip: |       |
| Telephone/Ext: |       | E-Mail: |       |

**6. PROVIDER/PUBLISHER WEBSITE**

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| Web address:  |       |