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|  | FORM A: Publisher Contact Information 2024 K-12 Science Adoption |

1. Publisher/Provider Contact Information

|  |  |
| --- | --- |
| Publisher/Provider Name |  |
| Imprint if different from Name |  |
| City and State of Publisher Business |  |
| NM Provider/Publisher Code |  |

1. Designation of Distribution Point/Depository

|  |  |
| --- | --- |
| NM Distribution Point/Depository |  |

1. Authorized Representative Information

|  |  |
| --- | --- |
| Authorized Representative Name |  |
| Authorized Representative Title |  |
| Email Address |  |
| Street Address |  |
| City, State, Zip Code |  |

1. Certification Agreement to the Terms and Conditions

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

1. Publisher/Provider Staff Contacts:

Designated Contact Representative for Communication with NMPED:

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name |  | Title |  |
| Street Address |  | City, State, Zip |  |
| Phone/Ext. |  | Email |  |

Corporate Bids/Contracts Agreement Manager:

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name |  | Title |  |
| Street Address |  | City, State, Zip |  |
| Phone/Ext. |  | Email |  |

New Mexico Representative:

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name |  | Title |  |
| Street Address |  | City, State, Zip |  |
| Phone/Ext. |  | Email |  |

1. Intent to Submit - complete the [Intent to Submit Form](https://forms.gle/7CAxVLJFa19Ln3Qp7). This is not a commitment to submit this number of titles, but it should be as close to accurate as is possible. These numbers will be used as preliminary guidance for contracting with reviewers for the Summer Review Institute.

1. Summer Review Institute Contact Information (for core submissions only)

Technical/Digital Support

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name |  | Title |  |
| Street Address |  | City, State, Zip |  |
| Phone/Ext. |  | Email |  |

Program Knowledge/Support

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name |  | Title |  |
| Street Address |  | City, State, Zip |  |
| Phone/Ext. |  | Email |  |

**Please email your completed Form A to** ***imb.contact@hprec.org*****.**