



36TH NAACP IMAGE AWARDS

LITERATURE AWARDS ENTRY FORM

36th NAACP Image Awards
Submissions Office
4929 Wilshire Blvd., Ste. 310
Los Angeles, CA 90010
Tel.: 323.935.8209
Fax: 323.938.8153
(After 12/10 call 323.938.5268)

SUBMISSIONS DEADLINE—DECEMBER 3, 2004, 5PM PST
PAYMENT MUST ACCOMPANY ENTRY FORM. NO EXCEPTIONS.

USE THIS FORM FOR LITERATURE SUBMISSIONS ONLY (CATEGORIES 25, 26, AND 27).
YOU MUST USE A SEPARATE FORM FOR EACH BOOK SUBMITTED.

1. CATEGORY TO WHICH YOU ARE SUBMITTING: _____
(PLEASE REFER TO MASTER LIST OF CATEGORIES TO DETERMINE THE APPROPRIATE CATEGORY.)

2. TITLE OF BOOK: _____

3. AUTHOR'S NAME: _____

4. AUTHOR'S CONTACT INFORMATION:

NAME: _____ TITLE: _____

COMPANY: _____ PHONE: _____

ADDRESS: _____

FAX #: _____ E-MAIL: _____

5. ILLUSTRATOR'S NAME (IF APPLICABLE): _____

6. ILLUSTRATOR'S CONTACT INFORMATION:

NAME: _____ TITLE: _____

COMPANY: _____ PHONE: _____

ADDRESS: _____

FAX #: _____ E-MAIL: _____

7. PUBLICATION DATE: _____
(MUST HAVE ORIGINALLY BEEN PUBLISHED IN BOOK FORM BETWEEN JANUARY 1 AND DECEMBER 31, 2004.)

8. PUBLISHER: _____

9. PUBLISHER'S CONTACT INFORMATION

NAME: _____ TITLE: _____

COMPANY: _____ PHONE: _____

ADDRESS: _____

FAX #: _____ E-MAIL: _____

10. WRITE A SYNOPSIS OF PROJECT IN 25 WORDS OR LESS. (IN ORDER FOR YOUR ENTRY TO APPEAR ON THE
BALLOT ACCURATELY, PLEASE DO NOT REFER US TO SUPPLEMENTARY DOCUMENTATION.)

11. PERSON TO BE NOTIFIED IF PROGRAM OR PERFORMER IS NOMINATED:

NAME: _____ TITLE: _____
COMPANY: _____ PHONE: _____
ADDRESS: _____
FAX #: _____ E-MAIL: _____

12. CONTACT INFORMATION FOR INDIVIDUAL COMPLETING THIS FORM:

NAME: _____ TITLE: _____
COMPANY: _____ PHONE: _____
ADDRESS: _____
FAX #: _____ E-MAIL: _____

ALL ENTRIES MUST BE ACCOMPANIED BY 5 ORIGINAL COPIES OF THE BOOK (WITH COVERS).

THE NAACP REQUESTS PERFORMER CONSENT TO THE USE OF THEIR NAME AND LIKENESS, AND PRODUCTION COMPANY CONSENT TO THE USE OF THE PROGRAM NAME AND LOGO FOR COMMERCIAL TIE-INS (WHEREIN NAMES OF ADVERTISERS MAY BE MENTIONED) THAT PROMOTE THE IMAGE AWARDS.

AUTHORIZED SIGNATURE: _____ PRINTED NAME: _____

- ONLY ONE (1) ENTRY PER FORM WILL BE ACCEPTED.
- CHECK OR MONEY ORDER IN THE AMOUNT OF \$125 PER ENTRY MUST BE MADE OUT TO:

NAACP IMAGE AWARDS SUBMISSIONS

(ONE CHECK MAY BE SUBMITTED FOR MULTIPLE ENTRIES.)

- MAIL OR MESSENGER ALL ENTRY FORMS TO:

NAACP IMAGE AWARDS SUBMISSIONS

4929 WILSHIRE BLVD., SUITE 310

LOS ANGELES, CA 90010

ATTN.: LITERATURE DEPARTMENT

YOUR SUBMISSION FEE IS TAX-DEDUCTIBLE.
OUR TAX I.D. NUMBER IS 13-1084135.

PLEASE NOTE: IF YOU ARE NOMINATED, YOU WILL BE CONTACTED TO SUBMIT PHOTOS AND PRESS MATERIALS.

FOR OFFICE USE ONLY: DATE FORM RECEIVED: _____ DATE CHECK RECEIVED: _____
SINGLE ENTRY: _____ CHECK TOTAL: \$ _____ CHECK NUMBER: _____
MULTIPLE ENTRIES: _____ OF _____
5 COPIES OF BOOKS: _____ OTHER NOTES: _____