



Entry Form

Submitter's Information

Name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Country: _____ **Phone Number:** _____

Fax

Number: _____ **Email:** _____

Book

Submitted: _____

Category for

Submission: _____

(please see list at <http://www.markvictorhansenfoundation.org/readerscats.html>)

Publisher: _____

Date Published: _____ **Website:** _____

Payment Information

Name On

Card _____

Visa **Master Card** **Discover Card** **American Express**

Account

Number: _____

Expiration Date: _____ **Security Code:** _____

Signature of Card

Holder: _____

**Please Fax Completed Form to Foundation Office
949-722-6912 (Fax) 949-764-2640 ext. 111 (Phone)**