



## Independent Author Consignment Program

### Book Information

Author(s) Name:

Illustrator(s) Name:

Book Title:

ISBN (13 digit) : 978-

Publication Date:

Retail Price:

Book is  paperback  hardback

Book's Genre:

Where in our store do you imagine we will shelve this book?

Brief Synopsis of the book (Pitch for how we should sell it!):

What is your plan for promoting the book?

Blogs or other online presence?

Any other information about the book that may be important to know?  
(Awards, local interest)

### Contact Information

Name:

Pronouns:

Email:

Cell:

## Payment

Where should the check be mailed?

Address:

Made payable to:

I understand:

Completing this form does not guarantee your book will be chosen as part of the Independent  
Author Consignment Program

I should not mail or drop off books until I am accepted into the program

Park Books is not responsible for stolen or damaged books. All efforts will be made to protect  
the books.

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