

Author Registration Form

Local Author's Fair Silver Falls Library

Saturday March 7th 1:00 – 4:00 p.m.

Return by 2/15/20 to be included in promotional materials

Name: _____

Address: _____

Phone: _____

Email: _____

What genre is your work? _____

What are your book(s) title(s)? _____

Would you be interested in giving a short five minute talk about your work at some point during the course of the afternoon? Yes: _____ No: _____

If Yes you will be assigned a speaking time prior to the event.

Please Initial Indicating You Are Aware:

10% of book proceeds must be donated to the Friends of the Library: _____

Silver Falls is not responsible for lost or damaged items: _____

Authors must provide their own change and cash boxes: _____

Sign this form and return to Ron Drake via email at: Rond2010@crls.org, by mail to 410 S. Water Street, Silverton, OR 97381, or drop it off at the Silver Falls Library reference desk. Any questions call: 503-873-8796

Signature: _____ Date: _____