

NCTE Affiliate Submission Form Journal Award

This form and FOUR copies of one issue of the affiliate journal published between May 1 of previous year and May 1 of year of award must be postmarked and mailed to the participating SCOA Representative (Janice Suppa-Friedman, 171 Farmview Road, Stanardsville, VA 22973-3232) no later than May 1 in year of award.

JOURNAL TITLE:

AFFILIATE'S NAME (spell out complete name):

CONTACT PERSON:

INSTITUTIONAL AFFILIATION:

ADDRESS:

WORK PHONE:

FAX NUMBER:

HOME PHONE:

E-MAIL ADDRESS:

NAME(S) OF EDITOR(S):

ADDRESS(ES):

1. PURPOSE OF PUBLICATION

2. STRENGTHS OF PUBLICATION

3. APPROXIMATE COST PER ISSUE

4. ANNUAL CONVENTION: If selected, would your affiliate be responsible for having a representative on hand for the awards presentation at the Affiliate Breakfast of the NCTE Annual Convention? (Representative is expected to purchase a breakfast ticket with conference preregistration).
YES___ NO___

If YES, please provide name and contact information for representative:

NAME:

MAILING ADDRESS:

WORK PHONE:

E-MAIL ADDRESS:

NAME AND COMPLETE ADDRESS OF NEWSPAPER TO BE CONTACTED: