

**NCTE AFFILIATE SUBMISSION FORM  
WEBSITE AWARD**

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**This form must be postmarked and mailed to the participating SCOA Representative (Claire Lamonica, Illinois State University, Campus Box 6370CTLT, Normal, IL 61790-6370; for Federal Express or U.P.S.: 603 Normal Ave., Normal 61761-1527) no later than May 1 in the year of the award.**

Affiliate's Name:

Website Editor(s):

Institutional Affiliation:

WEBSITE URL:

Contact Person:

Address:

Home phone: (    )

Fax Number: (    )

Work phone: (    )

E-mail address: (    )

I. Purpose of website

II. Strengths of website

III. If selected, would your affiliate be responsible for having a representative on hand for the awards presentation at the Affiliate Breakfast during the NCTE Annual Convention? (Representative is expected to purchase a breakfast ticket with preregistration).      YES \_\_\_\_\_ NO \_\_\_\_\_

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

Name:

Mailing Address:

Work phone:

Home phone:

E-mail address:

Name and complete address of newspaper to be contacted: