

**NCTE AFFILIATE SUBMISSION FORM
WEBSITE AWARD**

This form must be postmarked and mailed to the participating SCOA Representative as noted on the criteria form 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: _____

Purpose of website _____

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: _____
