



ASSOCIATION FOR THE STUDY OF AFRICAN AMERICAN LIFE AND HISTORY

102ND ANNUAL ASALH CONFERENCE · CINCINNATI, OHIO
SEPTEMBER 27 - OCTOBER 1, 2017

2017 BLACK HISTORY THEME: THE CRISIS IN BLACK EDUCATION

AUTHORS BOOK SIGNING

September 28, 2017

7:30 pm

REGISTRATION DEADLINE:

July 22, 2017

Completed Applications Require ALL of the Following:

1. Author *must* be a member of ASALH
2. A completed Request Form (with additional pages if necessary).
3. The membership fee and the additional processing fee of \$50.00 are non-refundable.
4. A signed copy of the book(s) intended for sale at the Book-Signing Event.
5. All steps must be completed in order for your application to be processed.

AUTHOR INFORMATION WILL BE PRINTED EXACTLY AS PROVIDED

Prefix _____ First _____ M.I. _____ Last _____ Suffix _____

Name of author as it appears on book _____

Address _____ City _____ State _____ Zip _____

Day () _____ Evening () _____ Mobile () _____

Email _____ Website _____

Facebook _____ Twitter _____

Authors or their representatives are responsible for procuring, shipping and selling books for the event. ASALH is not responsible for any business transactions related to the sales of the books. ASALH reserves the right to reject books that are contrary to its scholarly mission and tradition. No books will not be returned. Registration includes one-half of an eight-foot table. Registration does not include conference fees. Additional instructions will be sent to the email address that appears above. I also agree to the use of my image and/or likeness by ASALH to promote the Author Signing Event.

I, (please print) _____, agree to the terms as outline in this form.

Signature _____ Date _____

BOOK INFORMATION

Title: _____

Brief Description: _____

Name of Publisher: _____ Please submit additional titles separately.

Method of Payment: Check or Money Order Pay online at www.asalh.org or Information provided below for payment

Visa MasterCard AMEX \$50.00 Processing Fee \$130 (includes \$50 Processing Fee + General Membership)

\$110 (includes \$50 Processing Fee + Associate Membership) \$105 (includes \$50 Processing Fee + Senior Membership - age 65 and older)

Card holder's name _____ Billing Address _____

Signature _____ Card number _____ Exp. Date ____/____

RETURN THIS FORM WITH PAYMENT TO:

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