

Name _____

Address _____

Phone _____

COVER CHOICES

- Random Buckram Color (Default if nothing is marked)
- Specific Buckram Color: _____
- Mylar of Original Dust Jacket
- Color Copy of Original Dust Jacket, Hard or Paper Cover

Your Spine will be lettered EXACTLY as it appears below. PLEASE PRINT CLEARLY!

Author by Last Name Only:

Title:

Call #:

Special Instructions:

Name _____

Address _____

Phone _____

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