

**INDIE AUTHOR DAY BOOK SIGNING REQUEST FORM**

**Author Name** \_\_\_\_\_

**Brief Biography**

**Email Address** \_\_\_\_\_

**Website Address** \_\_\_\_\_

**Mailing Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Title of Book** \_\_\_\_\_

**ISBN#** \_\_\_\_\_

**Publisher** \_\_\_\_\_

**Brief synopsis of book, including genre (Romance, Mystery, Non-Fiction, etc.)**

**Please mail this form and a copy of the book to the address below. The book will not be returned to you. The authors that the branch staff elect to host, will be contacted by them by October 1.**

**Gwinnett County Public Library, Adult Services Department  
1001 Lawrenceville Highway, Lawrenceville, GA 30046**

**events@gwinnettpl.org**