

Indie Author Day Book Signing Request Form

Author Name _____

Brief Biography _____

Email Address _____

Website Address _____

Mailing Address _____

City

State

Zip Code

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 October 1.**

Gwinnett County Public Library: Adult Services Department
1001 Lawrenceville Highway, Lawrenceville, GA 30046
Email: events@gwinnettpl.org