



eyeseeme

African American Children's Bookstore

AUTHOR CONSIGNMENT REQUEST FORM

Instructions:

Complete this form in its entirety and bring or mail __ copies of your book to EyeSeeMe. Please complete one form for each title. We will notify you of our decision as soon as possible.

CONTACT INFORMATION

Please write legibly

Author Full Name: _____

Are You A Youth Author? (17 yrs. or under) Yes__ or No __

If Yes:

Age: _____

Adult/Guardian Name: _____

Relationship: _____

Address: _____

City: State: Zip: _____

Email Address: _____

Phone Number: _____

CONSIGNMENT BOOK INFORMATION

Title: _____

ISBN-13: _____ Publication Date: _____

Retail Price: _____ Number of Copies: _____

Other Info (website, news clippings, etc...) _____

Mail or Drop-off a complimentary copy of your book to:

**Eyeseeeme Bookstore – Consignment Dept.
6951 Olive Blvd
University City, MO 63130**