



## Minnesota Book Awards 2009 Nomination Form

*Please read the eligibility requirements and entry guidelines before filling out this form.*

Since the information collected on this form will be used in promotional and other materials in connection with the Minnesota Book Awards, it is important that it be accurate and complete.

Each individual book entry requires a separate nomination form. Please complete this form, and mail, fax, or email it. A confirmation of nomination materials received will be sent to the author and publisher contact via email.

Please send nomination materials to:

The Friends of the Saint Paul Public Library  
325 Cedar Street, Suite 555  
Saint Paul, MN 55101-1055  
Phone: 651-222-3242 Fax: 651-222-1988  
Email: [mnbookawards@thefriends.org](mailto:mnbookawards@thefriends.org)

### Checklist of nomination materials:

*This checklist must be completed in order for a nomination to be accepted.*

- The author was a resident of Minnesota in 2009.
- The book has a 2009 copyright or a written summary is included with this form explaining why it is eligible with a 2008 copyright per the eligibility requirements.
- This form has been completed in its entirety.
- Entry fee has been submitted. Fee is \$40.00 per title nominated. Publishers submitting four or more titles need only pay an entry fee of \$140.00 to cover all titles nominated.
- Five copies of the book have been sent.

### General Book Information

Book Title\* (including subtitle):

ISBN\*:

Publisher\* (and imprint, if applicable):

Category\*:

*(See category descriptions for more details.)*

### Contact Information

Contact information for the author and primary publisher is required on this form. This information will remain confidential and will not be released to the public. Please let us know if there are additional people you would like added to the Book Awards contact list.

**Author (Required)**

First Name\*:

Last Name\*:

Organization:

Home Address\*:

City\*:

State\*:

Zip\*:

Phone\*:

Email Address\*:

**Publisher (Required)**

First Name\*:

Last Name\*:

Organization:

Address\*:

City\*:

State\*:

Zip\*:

Phone\*:

Email Address\*:

**Payment Method**

I will mail a check in the amount of \$\_\_\_\_\_, made payable to **The Friends of the Saint Paul Public Library**, along with a copy of this form.

Please charge the entry fee in the amount of \$\_\_\_\_\_ to my credit card.

Name as it appears on credit card:

Address:

City:

State:

Zip:

Select Credit Card:      Visa      MasterCard      American Express

Expiration Date:                      Credit Card Number:

CVV2 Code:

You may also phone in your credit card information to The Friends at 651-222-3242, Monday through Friday, between 9:00 a.m. and 5:00 p.m.

**Submission deadline: 5:00 p.m., Friday, December 11, 2009.**