



Real Lives

AUTHOR'S SUBMISSION FORM

Date/...../.....

Author's Name:.....

Address:

Post Code:

Tel:.....Fax:.....

Email:

Manuscript (m/s) Title:.....

Brief m/s description:

Is the m/s complete? **YES / NO**

If yes, what is the approx number of words.....

Which services should you require? *Please tick*

Editing	<input type="checkbox"/>
Typesetting & Layout	<input type="checkbox"/>
Cover Design	<input type="checkbox"/>
Printing	<input type="checkbox"/>

Will your book include illustrations or photographs?

Where did you hear about **Real Lives**?.....

