Women in Print - Central Source Networking
Publisher Services Invoice

Name of Publisher: _____ **date:** _____

ANNUAL Fees: Calendar year April 1 through March 31 (regardless of date joined)

Directions: Determine the level of service for which you'd like to register. Fill in the amount in the right hand column. Add the total & return with payment and the appropriate forms.

Level of Service	Fee	Extension
Basic Listing *Forms needed:* Publisher Information Sheet	**No Fee**	**0**
Mid-Range Listing *Forms needed:* Publisher information sheet Email logo – *gif or jpeg preferred*	**Annual Fee - $30.00**	Fee →
Complete Listing *Forms needed:* Publisher Information Sheet Email logo – *gif or jpeg preferred* Title Listing Sheet Hot Flash Bulletin Form	**Annual Fee - $30.00** **Title Listing** **$25.00 *per title*** **"Hot Flash" news bulletins** **$10.00 *per item***	Fee → # of titles _____ x $25.00 → # of items ____ x $10.00 →
	GRAND TOTAL	

NO services provided until payment is received

Mail to: Mev Miller
160 Gano St.
Providence, RI 02906

Make checks payable **in US dollars** to: Mev Miller