

Course Reader Submission Form



Course Information
SCHOOL
SEMESTER
COURSE NUMBER
SECTION NUMBER
APPROXIMATE PRE-ENROLLMENT
DATE COURSE BEGINS
READER DUE ON (if different than date course begins)
TITLE (as it should appear on cover)
IF CONTENT PREVIOUSLY USED, SPECIFY SEMESTER

Date Submitted

Instructor Information
INSTRUCTOR NAME
OFFICE ADDRESS
OFFICE CITY, STATE, ZIP
OFFICE PHONE
MOBILE PHONE
E-MAIL
NUMBER OF INSTRUCTOR COPIES NEEDED
DELIVER ORIGINALS AND INSTRUCTOR COPIES TO
CONTACT NAME (if different than instructor)
CONTACT PHONE
CONTACT E-MAIL
CONTACT ADDRESS
CONTACT CITY, STATE, ZIP

Reader Information
<input type="checkbox"/> one-sided copies <input type="checkbox"/> two-sided copies
<input type="checkbox"/> spiral bind <input type="checkbox"/> tape bind
<input type="checkbox"/> use cover provided <input type="checkbox"/> standard cover
<input type="checkbox"/> b&w printing on cover <input type="checkbox"/> color printing
<input type="checkbox"/> add page numbering <input type="checkbox"/> no page numbering

Copyright Information Checklist
I am providing: <input type="checkbox"/> a syllabus or <input type="checkbox"/> a reading list
The instructor must provide all original materials. Copy Central and CopyMat do not obtain materials. Originals may be supplied in any form: books, journals, copies, or files.

Special Instructions

How To Build Your Course Reader

Choose one of the following:

- 1) Send us the original books and journals, using post-it notes to tell us which pages to include. We will pickup these materials from you free of charge.
- 2) Send us copies of just the pages you wish to use.
- 3) Give us a Reading List with the following information for each article prior to submitting the original books and journals:

Article Title	Publisher
Article Author	Which Pages (specify by page number)
Book or Journal Title	Publication Date
Book Author/Editor	Order of Appearance in Reader
Journal Issue Number	ISBN (if known)

**3 ways to submit this form:
Mail, Fax, and E-Mail**

Send this form to the location at which the reader will be sold.

Address	City, State, Zip	Phone	Fax	E-Mail
2560 Bancroft Way	Berkeley, CA 94704	510-848-8649	510-549-2637	readers@copycentral.com
48 Shattuck Square	Berkeley, CA 94704	510-848-7034	510-848-3236	square@copycentral.com
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