

# Course Reader Submission Form

Date Submitted

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

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
<input type="checkbox"/> I am sending a reading list or syllabus which gives the order of the articles in the Reader.
<input type="checkbox"/> I don't have a reading list, but the articles are marked clearly indicating the order in which they are to be copied.
<input type="checkbox"/> I have included the books & journals, please make copies from them.
<input type="checkbox"/> I have made the copies and have included the title page of each book.

Instructor Information
INSTRUCTOR NAME
OFFICE ADDRESS
OFFICE CITY, STATE, ZIP
OFFICE PHONE
CELL 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

Special Instructions

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## 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 Copy Central location at which the reader will be sold:

Address	City, State, Zip	Phone	Fax Number	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
1400 Shattuck Avenue	Berkeley, CA 94709	510.549.2561	510.548.0313	commons@copycentral.com
1553 Solano Avenue	Berkeley, CA 94707	510.527.5800	510.526.6218	solano@copycentral.com
2483 Hearst Avenue	Berkeley, CA 94709	510.849.9600	510.845.2724	northside@copycentral.com
22 Third Street	San Francisco, CA 94103	415.882.7377	415.882.7124	thirdandmarket@copycentral.com
1099 4th Street	San Rafael, CA 94901	415.485.1650	415.485.0590	sanrafael@copycentral.com

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**free pickup and delivery**  
OF YOUR COURSE MATERIALS