

**REQUEST TO REPRINT ABA CONTENT
INFORMATION IN RED MUST BE COMPLETED****ABOUT THE REQUESTOR**

Name: _____ Company/Firm/Organization: _____

Address: _____ City/State/Zip: _____ Phone: _____

Email: _____

ABOUT THE ABA CONTENT

Please select the type of content (you may select more than one):

If other, please describe: _____

Title of publication: _____

Title of article, chapter, report name, etc. you intend to use: _____

Web address of content (if available): _____

Author or creator of the content you intend to use: _____

Volume: _____ (required for periodical content) Issue: _____ (required for periodical content) Edition: _____ (required for book content)

Total Number of Pages: _____ Date of publication: _____

INFORMATION ABOUT THE WORK YOU ARE CREATING

Title of program/book: _____

Your publisher: _____

Publication type (you may select more than one):

If other, please describe: _____

How will the content be distributed (you may select more than one):

If other, please describe: _____

Distribution date: _____ Price: _____ Number of copies: _____ Is the content for use in a CLE program? _____

If yes, what is the fee for the CLE? _____ Do you sell the program materials? _____ If yes, what is the selling price? _____

ADDITIONAL INFORMATION