

Request for Permission to Distribute ASCD Products

[This form is for information purposes only. This is NOT the Distributor Agreement]

NAME: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

Your organization is (check one):

Commercial Publisher__ Nonprofit publisher__ Other__ _____
(Explain Here)

By what means do you market and promote publications?

(Please submit samples of representative promotional materials such as catalogs or flyers.)

Material(s) to be distributed (List ASCD Titles below):

ASCDDTitle(s): _____

Please return this form with your company catalog or a letter describing your company to:

Angela Demmons
ASCD Distributor Program
1703 N. Beauregard Street
Alexandria, VA 22311-1714, USA
Phone# 1-800-933-2723 x5627 or 1-703-575-5627
FAX# 1-703-575-5407
ademmons@ascd.org

