

## Story Submission Form

Name (please print) \_\_\_\_\_

Mailing address (please print) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Unforgettable Faces & Stories?

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What form of Social Media do you use **the most (choose one)**?

Facebook

Twitter

LinkedIn

Pinterest

Other, (list) \_\_\_\_\_

Book you are submitting a story for: \_\_\_\_\_

### Contract Release

I, \_\_\_\_\_ (name) of \_\_\_\_\_ (city/state) on

\_\_\_\_\_ (date signed) am providing Eileen Doyon of Portsmouth, NH with

materials and photographs on a non-exclusive basis so that Eileen Doyon, can publish the

materials and photographs provided in a compilation book thru a publishing company of her

choice. I, \_\_\_\_\_ (name) understand that I will be able to purchase

copies when it is published and will retain all rights to my story. No monies/fees or

compensation is due to either party. Everything written in the materials submitted to Eileen

Doyon is said to be true. \_\_\_\_\_ (signature)

*Your information will be reviewed and considered. If we decide to publish your story, we will contact you within two weeks of receipt. Thank you! Unforgettable Faces and Stories*