

Story Submission Form

Name (please print) _____

Mailing address (please print) _____

Email Address: _____

How did you hear about
Unforgettable Faces & Stories?

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 as well as to use the materials in the promotion of the book. 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