

NATIONAL PUBLICATIONS CONTEST ENTRY FORM

Participants: Please include a copy of this form with each entry. Include a **separate form for each entry.**

DEPARTMENT PUBLICATION

Name of Publication: _____

Editor: _____ Editor's Email: _____

Editor's address (street): _____

City/State/Zip: _____

Publication Frequency: 1-4 times per year _____ 5 or more times per year _____

Submission Category (please check only one):

Magazine: _____

Newspaper/Newsletter: _____

Best Feature (title of article, issue of publication): _____

DISTRICT/POST PUBLICATION

Name of Publication: _____

District/Post Number: _____ Post Location: _____

Editor: _____ Editor's Email: _____

Editor's address (street): _____

City/State/Zip: _____

Publication Frequency: 1-4 times per year _____ 5 or more times per year _____