

Lamplighter Publishing Book Fair Registration Form

School Name _____
Address _____
City, State, Zip _____
School Telephone Number _____

Date of Book Fair _____
Number of Students in School _____
Grade Levels of School _____
Contact Person _____
Contact Person Telephone Number _____
Email Address _____

Credit Card Info

(Required. If payment is not made within 30 days of book fair, the credit card will be charged for amount due.)

Card Number: _____ Security Code: _____
Full Name on Card: _____ Exp: _____

Shipping Address

(If different than above)

Please send copy of registration form **no later than four weeks** prior to
Book Fair date to:

Lamplighter Publishing
PO Box 777
Waverly, PA 18471

Fax: (570)587-4246

For Office Use:
Order#
Date Shipped:
Tracking #
Date Books Returned:
Invoice Paid: