

This form is VERY IMPORTANT so we can properly paginate your group, ship materials, and list your artists' names in our Index.

Rep Contact Name: _____ **No. Pages Reserved:** _____

Rep Company Name: _____

Rep Street Address for Shipping (not a P.O. Box): _____

City/State/Zip: _____

Phone 1: _____ **Phone 2:** _____

Email (primary): _____ **Email (alternate):** _____

PROOFS

We will send a digital proof to either you or your full-page artist. Please mark your choice:

- I (rep) will be responsible for communicating proof corrections in writing to Workbook Creative.
- The individual artists (full-page only*) will be responsible for communicating proof corrections in writing to Workbook Creative.

*** If more than one artist appears on a page, only the rep will receive a proof, and will be responsible for communicating to Workbook Creative.**

SHIPPING

You (the rep) will receive one copy of the **Directory**. We will send one copy of the **Directory** to each of your **full-page** artists if you supply shipping addresses below.

PAGINATION

If possible, begin our pagination on a (check one): left-hand page right-hand page
(If we are unable to accommodate your request we will contact you to discuss your options.)

We need a list of all of your artists in the order in which they will appear in the Directory.
 Complete 1 information block for each page in your group - **Use as many pages as needed.**

Page(s) ____ of ____
 Artist(s) on Page: _____

Use the following address to ship: Proof Book
 Street (not P.O. Box): _____

 -
 City/State/Zip/Country : _____

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Rep/Group Master Instruction Sheet

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