



# UNIVERSITY *of* OKLAHOMA PRESS

## Review Copy Request Form

Please complete this form and return it to the Press

Name \_\_\_\_\_ Date: \_\_\_\_\_

College / University \_\_\_\_\_

Office mailing address \_\_\_\_\_

Daytime telephone # \_\_\_\_\_

Best time to contact by telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

Book author / title \_\_\_\_\_

Course name \_\_\_\_\_

Current text in use \_\_\_\_\_

Is selection decision by individual of committee? \_\_\_\_\_

Decision makers names \_\_\_\_\_

Expected decision date \_\_\_\_\_

Expected enrollment \_\_\_\_\_

Will text be required or recommended? \_\_\_\_\_

**NOTE: We will contact you in approximately 30 days to learn your decision regarding the use of this book in your course.**

### Optional Information:

Are you searching for texts in other courses? \_\_\_\_\_

If so, please list them: \_\_\_\_\_

Are you currently working on a book? \_\_\_\_\_

If so, what subject area? \_\_\_\_\_

May one of our acquisition editors contact you? \_\_\_\_\_

Would you be interested in reviewing book proposals and manuscripts? \_\_\_\_\_

*Thank you.*

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