

Stories for Lipreading: Submission Form.



Author's name:

Address:

Email address:

Telephone number:

Title of work:

Number of words:

- I attach an electronic version in Word or PDF format.
- I understand that these copies will NOT be returned to me.
- I have read and agree to abide by the terms and conditions of submission.

Signed:

Date:

Please email your story (as a PDF or Word attachment) to info@storiesforlipreading.org.uk, with 'Story Submission' and your name in the subject line. **Please ensure that you also attach a copy of this completed form to your email.**