Educational Lending Right 2010-11 School Library Survey

AGREEMENT TO PARTICIPATE

Principal: ________________________________
Principal signature: ________________________________
Library contact: ________________________________
Library System: ________________________________
School Name: ________________________________
School Address: ________________________________
State: _______ Postcode: ______________
Telephone: ________________________________
Email: ________________________________

Please return signed form to fax 03 9910 9800
or post in the Reply Paid envelope provided as soon as possible.

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