



2009 Registration

The Author Information

First name: _____ Last name: _____
Middle initial: _____ Name you write under: _____
Address: _____ Apt. # _____
City: _____ State: _____ Zip: _____
Email Address: _____
Daytime Phone: _____ Nighttime Phone: _____
Have you been to Killer Nashville before? _____
Do you plan to attend Killer Nashville 2009? _____
How did you hear about the 2009 Claymore Dagger Award? _____
Have you been published? _____ The publisher: _____

The Manuscript Information

Name of Manuscript: _____
Is the manuscript a finished piece or a work-in-progress? _____
If work-in-progress, how far along are you? _____
How many pages are you submitting? ____ (Maximum 50 pages or to end of first chapter)

Payment Information

_____ PayPal (receipt enclosed)
_____ Check (\$25 payable to Killer Nashville Claymore Dagger Award)

Signature: _____ Date: _____

Mail your submission to Killer Nashville Claymore Dagger Award, P.O. Box 680686,
Franklin, TN 37068-0686

By signing this form, you are only allowing your submission to be judged for the 2009 Claymore Dagger Award to be awarded on August 15, 2009 at the Killer Nashville mystery/thriller writer's conference. You will not be asked to participate in any additional services and attendance at the conference is not required for winning. The winner is under no obligation to accept publication. This is not a contract for publication, or a solicitation for publishing services, critique services, or Killer Nashville.

For official use only:

Date received: _____ Registration # _____
MOP: _____