Submission Form

Submission / Contributor

```
Name of contributor :

Date of submission :

Signature :
```

Information about the publication

```
Title:
Author (Artist / Publisher):
Date of publication (MM/YYYY):
Place of publication (City, Country):
E-mail:
Website:
Type of document:
Copies (print run):
Dimensions (cm):
Pages:
Printing technique:
Binding:
```

This submission form will be used for our online inventory. Please join it to your publication and send them to:

```
ZINES OF THE ZONE
C/O Julie Hascoët
148 rue Jean Jaurès
29200 Brest, France
```