

# Permission Request Form

Date of Request: 13-Nov-07

## **Harlequin Book:**

Title:

Author Name:

Imprint/Series:

ISBN:

Page or Word count:

Please attach a copy of the desired material.

## **Your Usage:**

Title:

Author Name:

Publisher:

Territory:

Format:

Retail Price:

Initial Print Run:

Anticipated Publication Date:

## **Contact Information**

Name:

Position:

Company Name:

Full Mailing Address:

Phone:

Fax:

E-Mail:

Please complete this form and send your request to:

Mail: Subsidiary Rights  
Harlequin  
233 Broadway, Ste. 1001  
New York, NY 10279  
USA

Fax: 212-227-8969

E-mail: [rights@harlequin.ca](mailto:rights@harlequin.ca)