

Arizona State Braille and Talking Book Library
Annual Application for Institutional Service
(Applications effective January-December)

Agency Name: _____

Contact Person: _____

Address: _____

City: _____ **State:** _____ **Zip+4:** _____

Phone: _____ **Ext:** _____ **E-mail:** _____

Type of Agency:

_____ Nursing Home

_____ Hospital

_____ Library

_____ Other: _____

Types of Service Requested:

_____ Books on Tape - Includes one 4-track tape player

_____ Magazines on Tape - List of options will be mailed to you

Reader Profile - Check what applies to those who will be using the service

Books should be in:

_____ English

_____ Spanish

_____ French

_____ German

_____ Italian

_____ Other: _____

Restrictions:

_____ No explicit descriptions of violence

_____ No explicit descriptions of sex

_____ No strong language

Reading Level:

_____ Juvenile (Check all that apply)

_____ P-3, _____ 2-6, _____ 4-7, _____ 5-9

_____ Young Adult

_____ Adult

(over)

Please send us books from the following subject areas:

Subjects:

- | | |
|---|---|
| <input type="checkbox"/> Adventure - Fiction ADV | <input type="checkbox"/> History HST |
| <input type="checkbox"/> Adventure - Non-Fiction ADVN | <input type="checkbox"/> History – U. S. only HUS |
| <input type="checkbox"/> Animals – Fiction ANM | <input type="checkbox"/> Horror Stories HOR |
| <input type="checkbox"/> Animals – Non-Fiction ZOO | <input type="checkbox"/> Humor HUM, MYSH, TRAH |
| <input type="checkbox"/> Arizona - Fiction AZIH, AZIM, AZIW | <input type="checkbox"/> Mysteries MYS, MYSA, MYSB |
| <input type="checkbox"/> Arizona - Non-Fiction AZNF, AZNFH, AZNFT | <input type="checkbox"/> Nature – Non-Fiction NAT |
| <input type="checkbox"/> Arts and Crafts AC | <input type="checkbox"/> The Occult OCC, OCCN |
| <input type="checkbox"/> Autobiography ABI | <input type="checkbox"/> Poetry POE |
| <input type="checkbox"/> Best Sellers – Fiction BEF | <input type="checkbox"/> Psychology, Popular PSY |
| <input type="checkbox"/> Best Sellers - Non-Fiction BEN | <input type="checkbox"/> Religion REL |
| <input type="checkbox"/> Biography BIO | <input type="checkbox"/> Romance ROM |
| <input type="checkbox"/> Books in Spanish SPL | <input type="checkbox"/> Science Fiction SCF, SCFAN |
| <input type="checkbox"/> Classics CLA | <input type="checkbox"/> Short Stories SST |
| <input type="checkbox"/> Family Stories FSTD | <input type="checkbox"/> Social Issues SOPP |
| <input type="checkbox"/> Fantasy Fiction FAN, FSTD | <input type="checkbox"/> Sports SPO |
| <input type="checkbox"/> Gentle/Nostalgic Fiction GENT | <input type="checkbox"/> Travel TRA |
| <input type="checkbox"/> Historical Fiction HIF | <input type="checkbox"/> Travel, U. S. only TRAUS |
| <input type="checkbox"/> Historical Fiction, U.S. Only HIFUS | <input type="checkbox"/> Westerns WES |

Library may select books for this account from the subject areas marked above.

Send only books that we order (at least 4 books per year to retain equipment).

Authorization Signature

I certify that this agency regularly provides service to individuals who are unable to read a regular print book because of a permanent or temporary visual or physical disability. I hereby request an institutional account with the Arizona State Braille and Talking Book Library in order to provide these individuals with the opportunity to enjoy recorded materials.

ADMINISTRATOR'S Signature: _____ **Date:** _____
(Other than contact person)

Printed Name: _____

Title: _____ **Phone:** _____

Mail completed application to:

Arizona State Braille And Talking Book Library
1030 N. 32nd Street
Phoenix, Arizona 85008
Attn: Christine Tuttle
ctuttle@lib.az.us