



**AK Shorts Submission Form**

Name of Submitter: \_\_\_\_\_

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Title of Submission: \_\_\_\_\_

Length: \_\_\_\_\_ Year Created: \_\_\_\_\_ Location: \_\_\_\_\_

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Signature & Date: \_\_\_\_\_

**Please send your submissions to:**

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*Inquiries about the delivery of electronic files can be made to [akshorts@kuac.org](mailto:akshorts@kuac.org).*