

# MY MANUSCRIPT SUBMISSIONS LOG

SUBMITTED TO	NAME OF AGENCY/PUBLISHER	ADDRESS	CONTACT NAME & TITLE	SUBMIT DATE	HEAR BACK DATE
AGENT <input type="checkbox"/> PUBLISHER <input type="checkbox"/>					
AGENT <input type="checkbox"/> PUBLISHER <input type="checkbox"/>					
AGENT <input type="checkbox"/> PUBLISHER <input type="checkbox"/>					
AGENT <input type="checkbox"/> PUBLISHER <input type="checkbox"/>					
AGENT <input type="checkbox"/> PUBLISHER <input type="checkbox"/>					
AGENT <input type="checkbox"/> PUBLISHER <input type="checkbox"/>					
AGENT <input type="checkbox"/> PUBLISHER <input type="checkbox"/>					
AGENT <input type="checkbox"/> PUBLISHER <input type="checkbox"/>					
AGENT <input type="checkbox"/> PUBLISHER <input type="checkbox"/>					
AGENT <input type="checkbox"/> PUBLISHER <input type="checkbox"/>					
AGENT <input type="checkbox"/> PUBLISHER <input type="checkbox"/>					
AGENT <input type="checkbox"/> PUBLISHER <input type="checkbox"/>					
AGENT <input type="checkbox"/> PUBLISHER <input type="checkbox"/>					
AGENT <input type="checkbox"/> PUBLISHER <input type="checkbox"/>					
AGENT <input type="checkbox"/> PUBLISHER <input type="checkbox"/>					
AGENT <input type="checkbox"/> PUBLISHER <input type="checkbox"/>					
AGENT <input type="checkbox"/> PUBLISHER <input type="checkbox"/>					