

CAROLINA CHRISTIAN WRITERS CONFERENCE - BOOK INVENTORY

March 6 – 7, 2026

Name:

Address:

Cell Phone #:

Opening Quantity	Book Title	Price	Quantity Verified	Quantity Not Sold	Quantity Sold	Total Sold Value
				Total Sold		
				Less 20%		
				Balance Due		

Please indicate whose name should appear on the check for the book sales

I understand you will sell my books, keep a 20% service fee, and pay me for the balance. I further understand that I must check my books/products in and out with bookstore personnel.

Paid by Check ___ – Ck # _____ Paid Cash ___ Amount _____

Number of books in Opening Quantity Column is correct. Author _____

Book Store Attendant _____

Number of books in Quantity Not Sold Column is correct. Author _____

Book Store Attendant _____