

Author Application

2026 Rosemount Writers Festival and Book Fair

Saturday, March 14, 2026

Steeple Center • 14375 S. Robert Trail, Rosemount, MN

The Writers Festival and Book Fair connects budding and established writers with published authors and other experts in the field to share information, techniques, skills, and resources.

- Half table \$25. Waitlist for full table.
- We provide table and chairs.
- Lunches are available. Includes a sandwich or wrap with chips, cookie, and broccoli sunflower salad. Salads include dinner roll, cookie, and dressing on the side. Choices are shown on the attached Application form.
- Authors must set up by 10 a.m. and stay until 4 p.m. Keynote 9 a.m., Book Fair 10 a.m. – 4 p.m.
- All authors must submit a current ST19 form. The form is attached to this email.

**Table space is limited and is filled on a first-come, first-served basis.
We will email you to confirm whether you have been accepted to the Book Fair.**

Send completed Application with your check by **February 15, 2026 to:**

RAAC, PO Box 409, Rosemount, MN 55068

Questions? Contact Sue Stein at stei0010@protonmail.com

Cancellation policy is listed on the website: rosemountwritersfestival.com

**2026 Rosemount Writers Festival and Book Fair
Author Application**

Name _____

Street _____

City _____ State _____ Zip _____

Phone: _____ Email _____

Website: _____

Please Check Genre:

Fiction Genre _____

Nonfiction Focus _____

Please email your bio and up to three book titles (75-100 words) for inclusion in the event program and the website to: stei0010@protonmail.com

Please Check All That Apply:

Half table \$25

I would like to be waitlisted for a full table. If accepted, I will pay the additional \$15 fee

I have emailed my bio and up to three book titles to Sue Stein stei0010@protonmail.com

Attached is my \$25 table fee plus lunch cost (if ordered)— **Make checks payable to RAAC**

I will have _____ people to assist me at my table (To make sure we provide enough chairs for you)

Attached is my form ST19

Box Lunch—please show the quantity ordered (**Sandwich/wrap \$16 each Salad \$17 each**)

____ Turkey Sandwich ____ Ham Sandwich ____ Chicken Caesar Wrap

____ Roasted Veggie Wrap ____ Cobb Salad

Make check payable to RAAC for table and/or lunch

Check amount: _____

Signature of participant _____ Date _____