TAFEF Law Review Competition Submission Form

Name:

Address:

Email:

Phone Number:

Law School:

Your Anticipated/Actual Date of Graduation:

Name of Law Review/Journal:

Title of Submission:

Name of Law Review/Journal in which Article Appeared/Will Appear:

Volume, Number and Date of Law Review/Journal in which Article Appeared/Will Appear:

If your article has not yet appeared, the name, title, email and phone number of a person (law review editor, faculty advisor) who can verify that the article has been accepted for publication:

Submission Certifications:

1. **I certify that the information I have provided in connection with my submission is entirely true and complete.**

2. **I understand that academic competitions are subjective. The selection committee may choose to give the award to an article that I consider inferior to mine or, in a given year, not to make an award at all. By checking this box I agree to accept the committee's decision about which article will receive the award or whether to make an award at all.**

3. I understand that the financial benefits associated with this award may be taxable by federal and/or state governments. If I receive the award, I agree to submit to TAFEF a completed IRS Form W-9. I understand that I will not receive any financial benefits from TAFEF until this completed form is received.

4. I understand that one of TAFEF's purposes in sponsoring this competition is to increase interest in and an understanding of the False Claims Act and other whistleblower statutes and programs by adding to the compendium of legal writing that explains and supports them. By checking this box, I agree to permit TAFEF to use my article by (a) posting it on the TAF.org website, (b) including it in their publications, (c) using all or part of it to support their educational programs, and (d) for other purposes consistent with TAFEF's programs and nonprofit mission. I agree to this condition even if my article is not selected to receive the award.

Submitted by:

Name:

Submission of this form constitutes my electronic signature.

Date: