

**ISBN APPLICATION FORM**

**Valid for 2010**

Please read the accompanying notes. Please use BLOCK CAPITALS and BLACK INK throughout. If you have had ISBNs before, you will need a different form. Please contact the Agency.

**PUBLISHER INFORMATION (see page 4 of the accompanying notes)**

Publishing Name:

Publishing Address:

City/Town:

Postcode:

**COMMUNICATION DETAILS (see page 4 of the accompanying notes)**

Telephone\*:

Fax:

Email\*:

Website:

Mobile:

\*denotes a mandatory field; please indicate if you do not have a telephone or email address. If you are publishing downloadable products you MUST include a website address above.

Name of Applicant:

Job Title (if applicable):

VAT Number (if applicable):

**FOR OFFICE USE ONLY**

Org id:

Prefix:

Date Rec'd:

Notification:

Artemis:

Category:

SAP: Customer:

Sales Order:

Invoice:

**PUBLISHING INFORMATION (see page 5 of the accompanying notes)**

How many titles are scheduled for publication in the foreseeable future (e.g. 2-3 years)?

(If you plan to publish more than 10 titles in the next 2 years, we advise that you apply for a larger allocation).

**PAGE SAMPLES (see page 5 of the accompanying notes)**

Enclose photocopies/drafts of the title page and title page verso of the **first** publication requiring an ISBN. (See examples below). The title page verso must display a publisher statement. Further details for **this** publication must be provided on the Nielsen Book Title Information Form.

Example Title Page:

**TITLE OF PUBLICATION**

*Subtitle if applicable.*

By Author Name

Example Title Page Verso:

Published by Publishing Name.

Copyright © Copyright Holder

If you are not publishing a traditional book, please enclose a sample with the title and publisher statement, such as the insert for a CD.

**SERVICE**

Prices for 2010		
Please select a service <input checked="" type="checkbox"/>	Standard Service 10 working days	Fast Track Service 3 working days
Please <b>email</b> an allocation of 10 ISBNs	<input type="checkbox"/> £111.86 (£95.20+£16.66 VAT*)	<input type="checkbox"/> £170.61 (£145.20+£25.41 VAT*)
Please <b>email</b> an allocation of 100 ISBNs	<input type="checkbox"/> £209.15 (£178.00+£31.15 VAT*)	<input type="checkbox"/> £267.90 (£228.00+£39.90 VAT*)
Please <b>email</b> an allocation of 1000 ISBNs	<input type="checkbox"/> £542.85 (£462.00+£80.85 VAT*)	<input type="checkbox"/> £601.60 (£512.00+£89.60 VAT*)
or		
Please <b>post</b> an allocation of 10 ISBNs	<input type="checkbox"/> £111.86 (£95.20+£16.66 VAT)	<input type="checkbox"/> £170.61 (£145.20+£25.41 VAT)
Please <b>post</b> an allocation of 100 ISBNs	<input type="checkbox"/> £227.95 (£194.00+£33.95 VAT)	<input type="checkbox"/> £286.70 (£244.00+£42.70 VAT)
Please <b>post</b> an allocation of 1000 ISBNs	<input type="checkbox"/> £561.65 (£478.00+£83.65 VAT)	<input type="checkbox"/> £620.40 (£528.00+£92.40 VAT)

\* We will send your allocation by email, but please be aware that lists of ISBNs supplied will be provided in Microsoft Excel format and supporting documentation is supplied in PDF format – please ensure that you have provided an email address above.

**Please either enclose a cheque made payable to ISBN Agency  
or complete the card payment form on page four.**

**DECLARATION (see page 5 of the accompanying notes)**

I confirm that the details provided on this form are an accurate representation of my/my company's intentions.

Signature of Applicant:

Date:

## Nielsen Book Title Information Form (See page 6 of the accompanying notes)

Please provide information related to your first publication and the page samples you have submitted *only*.

**PLEASE COMPLETE ALL SECTIONS WITH BLACK INK IN BLOCK CAPITALS**

\* Fields marked with an asterisk are mandatory.

<b>1</b> ISBN – the ISBN Agency will insert this for you for your first Publication.		Date of Publication Day                      Month*                      Year*	
<b>2</b> Price of the publication in £*		<b>3</b> Binding/format* e.g. paperback/hardback/ebook/download etc (for ebook/download please give format and file type e.g. Mobipocket, eReader, Rocket, PDF etc.)	
<b>4</b> Name(s) of Author(s) and other contributor(s) and Date(s) of birth if known. Surname first, followed by other names or initials. (We will assume 'Author' unless stated otherwise e.g. Editor, Illustrator, etc)			
<b>5</b> Translator(s) if applicable Surname first		Language from which translated (if applicable)	
<b>6</b> Title of the publication*  Subtitle (if applicable)			
<b>7</b> Size in mms* (HxW)	<b>8</b> No of pages	<b>9</b> No of Volumes (ONLY if sold as a set)	<b>10</b> No & type of illustrations (if applicable)
<b>11</b> Edition (if revised edition please give no.)*		<b>12</b> Running time in minutes (ONLY for audio cassettes/CDs/DVDs etc.)	
<b>13</b> Series details (if any)			
<b>14</b> Short Description of subject matter (for our classification purposes)*			
<b>15</b> If the book is Adult Fiction (x) General                      Romance                      War Historical                      Science Fiction                      Western Crime                      Short Stories                      Fantasy Erotic Fiction                      Horror                      Adventure			<b>16</b> Readership level (x)* Children                      Tertiary                      General Primary/Secondary                      ELT/TEFL                      Teenage Professional
<b>17</b> Name and address of publisher*		<b>18</b> Name and address of distributor (ONLY if different from publisher)*	
<b>19</b> Orders address (ONLY if different from publisher / distributor)*			

## ISBN Registration: Card Payment Form

This page is securely shredded after your card has been charged.

Please charge my Visa  Mastercard  Maestro

Amount: £

Sorry - we do not accept other cards

Card No:

Expiry Date:

Verification No:     
(3 digit number found on/below the signature strip)

Start Date:      
(if applicable)

Issue No:      
(if applicable)

Name as shown on card:   
PLEASE PRINT NAME

Registered Address of Card Holder:   
PLEASE PRINT ADDRESS

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

VAT registration number if applicable\*:

Telephone number (please supply in case we need to contact you):

**IMPORTANT:** If any of the above information is not supplied, we will be unable to process your application.

\* Publishers based in the Republic of Ireland with a valid VAT number or who are based in the Channel Islands will not be charged VAT on their application. Please ensure that you state the VAT number.

**Please return all four pages of this form,  
plus your sample title and title verso pages.  
Contact details are on page 1.**