

ISMN - Application Form

Date _____

Please fill in the details in both English and Hebrew

Publisher Name

Hebrew: _____

English: _____

Current Address

Hebrew: _____

English: _____

Phone: _____ Fax: _____

E-mail: _____

Web Site _____

Name of ISMN Coordinator _____

Phone: _____ Cellular Phone: _____

Approximate no. of ISMN titles that will be published in the future:

___ 10 titles ___ 100 titles ___ 1000 titles

Type of publications: _____

Did you receive ISMN in the past: Yes / No

If you did, what was the last number you received _____

Prices of ISMN:

1 ISMN - 90 NIS

10-35 ISMN - 25% reduction

36 ISMN and More 35% reduction

Wish to Order _____ ISMN.

Please enclose payment accordingly _____ NIS.

ISMN will be supplied within 5 business days, after payment is received (no credit cards).

מרכז ההדרכה לספריות בישראל

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