## ISBN Allocation Request Form for Print-on-Demand Services

## **Applicant Details** Name Organization Email Phone Address **Book Information** Title Author(s) Language **Expected Publication Date** Number of ISBNs Needed Book Type

Short Description / Summary

| Print-on-Demand Details          |  |  |
|----------------------------------|--|--|
| Print-on-Demand Service Provider |  |  |
|                                  |  |  |
|                                  |  |  |
| Distribution Channels            |  |  |
|                                  |  |  |
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|                                  |  |  |