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Number of ISMNs needed: _____

State the number/estimate of publications planned for the coming 2 or 3 years: _____

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Contributor/s (indicate name and role) (if applicable): _____

Year of Publication: _____ Edition no. (if applicable): _____

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Product Format: _____

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Country of Publication: _____

Last ISMN no. provided: _____

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Number/s Issued: _____

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All applications are to be sent to Mr. Joe Debattista (Secretary) on:

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