



Australian International Standard Music Number Agency

ISMN REGISTRATION

This form may be used for two purposes:

- (i) music publishers who wish to obtain an ISMN publisher identifier (prefix) for the first time.
- (ii) music publishers who require a new publisher identifier because they have allocated all the ISMNs assigned to them.

Please complete the form as fully as possible. If you are already registered and if your details are unchanged, you may omit questions 2-4 and 6-13. **Details must be supplied for fields marked with an asterisk*.**

Once completed, the form should be returned to:

The Australian ISMN Agency
by fax (02 6273 4322)
or by post to
Australian ISMN Agency
National Library of Australia
Canberra ACT 2600).

1. * Publisher name _____

2. Former name/s _____

3. Abbreviations & acronyms _____

4. Other name/s _____

5. * Postal address _____

6. Street address Same as postal address

Different from postal address: _____

7. Phone no. _____

8. Fax no. _____

9. Mobile phone no. _____

10. Email _____

11. Website _____

12. * Publisher category Commercial Self-publisher Distributor

(You may tick more than one box)

Educational Other (please specify) _____

13. * Type of music published

(Tick as many types as applicable)

| | | | | | |
|---|--------------------------|-------------------------|--------------------------|------------|--------------------------|
| Band | <input type="checkbox"/> | Folk/Traditional/Ethnic | <input type="checkbox"/> | Orchestral | <input type="checkbox"/> |
| Choral | <input type="checkbox"/> | Instrumental | <input type="checkbox"/> | Popular | <input type="checkbox"/> |
| Dramatic – includes Operas/Musicals/Music Theatre | <input type="checkbox"/> | Juvenile | <input type="checkbox"/> | Vocal | <input type="checkbox"/> |
| Educational | <input type="checkbox"/> | Multi media/Electronic | <input type="checkbox"/> | | <input type="checkbox"/> |

14. * Are you agreeable to the above details being made publicly available in the *Australian Music Publishers Directory* on the ISMN Agency website?

Yes No

15. Have you previously been assigned an ISMN publisher identifier? Yes No

If Yes, what is your current identifier? _____

16. * Are you prepared to be responsible for allocating your own ISMNs from a block assigned to you?

Yes No

17. * No. of items published per year (approximate) _____

18. Do you intend to allocate ISMNs to items on the backlist? Yes No

19. If yes, size of backlist (approximate) _____

20. How do you want your block of ISMNs delivered to you?

Post

Fax

Email attachment

21. Contact person: _____

22. Any other information or comments _____

By registering, you agree to adhere to the *Guidelines for publishers registered with the Australian ISMN Agency*. A copy of these guidelines can be obtained from the Agency.

FURTHER INFORMATION MAY BE OBTAINED BY CONTACTING THE ISMN AGENCY:

Phone: 02 6262 1777

Fax: 02 6273 4322

Email: ismn@nla.gov.au

Internet: <http://www.nla.gov.au/services/ismn.html>

Mail: ISMN Agency
National Library of Australia
Canberra ACT 2600

