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Product Label Certification Program Application for Certification

INSTRUCTIONS

Fill out the information below, sign and date the signature block and mail this form along with the appropriate program fee and eight identical prints of a sample Product Label (same label printed eight times, not photocopies) for each shipping location to:

Book Industry Study Group, Inc.
Attn: Product Label Certification Program
370 Lexington Ave. Suite 900
New York, NY 10017

APPLICANT INFORMATION

Company Name: _____ Key Contact: _____
Phone: _____ Email: _____

PRODUCT LABEL LOCATION INFORMATION

I have enclosed eight identical prints of a single sample Product Label produced in each of the locations(s) below. *If you have more than four locations to certify, please submit a separate application form for the additional locations.*

Location #1 _____ Location #2 _____
Location #3 _____ Location #4 _____

PAYMENT INFORMATION

My company **IS / IS NOT a member** of BISG and I have enclosed a check in the amount of **\$395 / \$495** (for each location) made payable to "Book Industry Study Group, Inc."

Please charge to the credit card below: Card Type: VISA / MC / AMEX

Card Number: _____ Exp Date: _____

Name on Card: _____ Billing Zip Code: _____

AUTHORIZED SIGNATURE

Name

Date