



**Application for Contract for Translation Rights
of 1st Edition ITLS Provider Manual**

1. Name of Applicant: _____
(Must be ITLS Chapter or Training Centre)

2. Person Completing the Application _____

Check One Response:

a) Chapter Coordinator _____

b) Chapter Medical Director _____

c) Other. Please specify: _____

3. Language Seeking Rights For: _____

4. Has the Chapter or Training Centre Published an Earlier Edition of the ITLS
Provider Manual?

Yes _____

No _____

If yes, Please Answer the Following:

Language Published _____

Editon Published _____

Year of Publication _____

Number of Manuals Sold _____

4. Countries Where the Translated Edition will be Sold and Distributed:

5. Will the Chapter/Training Centre Publish the Manual Itself?

Yes _____

No _____

If no, who will the Chapter/Training Centre subcontract with for the publication?

6. How many copies will the Chapter/Training Centre print on its first run of the manual? _____

7. How many copies does the Chapter/Training Centre project it will sell in the:

First year of publication _____

Second year after publication _____

Third year after publication _____

8. Please attach a copy of your marketing plan for the translated edition.

9. Signature of Chapter Coordinator _____

Please print _____

10. Signature of Chapter Medical Director _____

Please print _____

Please list email address and What's App number where we can contact you with any questions about your application.

Email _____

What's App _____