



OCLC LTS RetroCon Request for Cost Proposal

INSTITUTION INFORMATION (please type or print)			
INSTITUTION		OCLC MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	OCLC SYMBOL
STREET ADDRESS		P.O. BOX	
CITY	PROV/STATE	POSTAL/ZIP CODE	COUNTRY
CONTACT PERSON		TITLE	
PHONE	FAX	E-MAIL	
PROJECT INFORMATION			
FORMAT - Approximate number of titles to be processed		GENERAL	
Books _____ Titles		Percentage of records containing LCCNs, ISBNs, or ISSNs _____ %	
Serials _____ Titles		How many titles require original input? _____ %	
Scores _____ Titles		Medium in which catalogue records will be delivered to OCLC: <input type="checkbox"/> Shelflist Cards <input type="checkbox"/> Printouts <input type="checkbox"/> Other (please explain):	
A/V _____ Titles		Percentage of hand-written cards _____ %	
Sound Recordings _____ Titles		Percentage of cards with data on the back that must be examined _____ %	
Other (please specify) _____ Titles			
LANGUAGES - Percentage(s) of total number of titles		EDITING	
English _____ %	Non-Roman (please specify):	Description of editing required including local information to be added to MARC record (e.g., editing call number, copy and volume information, barcode number, special subject headings) Please explain in detail and attach printouts of edited records if possible, to help clarify your local practices.	
French _____ %	_____ %		
Other Roman (please specify)	_____ %		
_____ %	_____ %		
_____ %	_____ %		
_____ %	_____ %		
_____ %	_____ %		
CLASSIFICATION	LANGUAGE OF CATALOGUING		
<input type="checkbox"/> LC <input type="checkbox"/> Dewey <input type="checkbox"/> NLM <input type="checkbox"/> Other _____	<input type="checkbox"/> English <input type="checkbox"/> French		
PROCESSING DATES		Please send this completed form with photocopied samples (100 titles suggested) to: OCLC LTS Library Technical Services 1680 Ellice Avenue, Unit 2 Winnipeg, MB R3H 0Z2 Attn: Les Moor Or fax to: (204) 927-2700 PLEASE MAKE A PHOTOCOPY FOR YOUR RECORDS	
Desired Start Date of RetroCon processing: Year: _____ Month: _____			
Desired Completion Date of RetroCon processing: Year: _____ Month: _____			