Offprints Order Form

◆Manuscript number◆

◆Manuscript title◆

◆Authors◆

|  |  |
| --- | --- |
| Address for sending offprintsName |  |
| Number of paper pages | Pages |
| Number of copies ordered for offprintsFront cover | 　　　　 CopiesYes　 / 　No |
| Color printing request（charge \*1） | Yes　 / 　No  |
| Billing Address (Fill in if the address is different from the address to which offprints are to be sent.)Name |  |
| Items to be included on the invoice | 1) Date　（specified date：　 / Date of documentation/ None）2) Name and address （　　　　　　　　　　 　）3) Special remarks |

 \*1. 4,000 yen/page per 100 copies　 All pages of the paper are subject to color printing charges.

（Example : For color printing of 100 copies of a 5-page paper, +20,000 yen）

Name of applicant:

Contact Address:

Phone: 　　　　　　　　　　 　　　　　　　　　　　　　　　　　　　　　　　　　　　　E-mail: