

<b>JLMN - Reprint Order Form</b>		<b>(FAX : +81-6-6879-8642)</b>		
Ordered by:	Name:	Date:		
Vol., No., Paper #	Vol. (                    ), No. (                    ), Paper No. (                    )			
Paper Title				
Item	Reprint	Price	Order	Sub-Total
1- 8 pages Black & White	50	¥37,000		
	100	¥48,000		
	150	¥58,000		
	200	¥69,000		
1- 8 pages Color	50	¥81,000		
	100	¥109,000		
	200	¥154,000		
9- 12 pages Black & White	50	¥44,000		
	100	¥53,000		
	150	¥67,000		
	200	¥79,000		
9-12 pages Color	50	¥99,000		
	100	¥137,000		
	200	¥195,000		
Total Amount (Yen)				
<ul style="list-style-type: none"> <li>● Price includes shipping &amp; handling charge.</li> <li>● Shipping will be delivered by EMS express mail if outside Japan.</li> <li>● Delivery time will vary depending on geographic location.</li> </ul>				
Ship to: (Please print or type clearly.) ※国内の方は日本語でご記入ください。		Billing Address: ※ご請求先が左記と異なる場合		
Name (Print: First, Middle, LAST NAME)		Name (Print: First, Middle, LAST NAME)		
Affiliation Name		Affiliation name		
Dept.		Dept.		
Street Address		Street address		
City		City		
State/Prefecture		State/Prefecture		
Zip/Postal code		Zip/Postal code		
Country		Country		
E-mail		E-mail		
Phone: +country code (    )		Phone: +country code (    )		
Fax: +country code (    )		Fax: +country code (    )		
<b>Payment:</b>				
<input type="checkbox"/> Bank Transfer <input type="checkbox"/> Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> Master Card				
Print or type Authorized Signature of cardholder:				
Credit Card Number #				
Exp. Date:                    /                    Authorized Signature:				

**Reprint Order should be sent to JLPS by FAX at +81-6-6879-8642, NOT BY E-MAIL.**