



**JPE Subscription Renewal Form for Hard Copy**

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Affiliation: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

**3. Business/ Library(Old)**

Company: \_\_\_\_\_

Department/Division: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Person in charge: \_\_\_\_\_

**2. Individual(New)**

Title: Prof. \_\_\_\_\_ Dr. \_\_\_\_\_ Mr. \_\_\_\_\_ Ms. \_\_\_\_\_

Firstname: \_\_\_\_\_

Surname (family name): \_\_\_\_\_

Affiliation: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

**4. Business/ Library(New)**

Company: \_\_\_\_\_

Department/Division: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Person in charge: \_\_\_\_\_

**5. New Postal Address, you want to change**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/province: \_\_\_\_\_

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This change activates from the date on \_\_\_\_\_ (dd-mm-yy)

**6. Comment(s), if you have**

Empty box for comments

Date:

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\* Please complete and sign this form, and return by either email or fax to JPE operation centre.

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