



JPE Subscription Renewal Form

* PLEASE tick a box you want to change

Subscriber detail

Postal address

1. Individual(Old)

Title: Prof. Dr. Mr. Ms. _____
Firstname: _____
Surname (family name): _____
Affiliation: _____
E-mail: _____
Telephone: _____

2. Individual(New)

Title: Prof. Dr. Mr. Ms. _____
Firstname: _____
Surname (family name): _____
Affiliation: _____
E-mail: _____
Telephone: _____

3. Business/ Library(Old)

Company: _____
Department/Division: _____
E-mail: _____
Telephone: _____
Fax: _____
Person in charge: _____

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: _____
ZipCode: _____ Country: _____

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

6. Comment(s), if you have

Date:

Signature:

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

* Visit JPE website www.jpe.or.kr for more information.

Ref.No

Office use only

Journal of Power Electronics Operation Centre

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