



JPE Subscription Renewal Form for Hard Copy

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Affiliation: _____

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Telephone: _____

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Company: _____

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E-mail: _____

Telephone: _____

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Person in charge: _____

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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: _____

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ZipCode: _____ Country: _____

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

6. Comment(s), if you have

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Date:

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