

# Polymer Journal Reprint Order Form

Paper Number : PJ-

Name :

Vol.

No.

Tel.

Fax.

Number of reprints required :                      copies   ☐ with cover   ☐ without cover   :   sent by   ☐ sea mail   ☐ air mail   ☐ registered mail

Please provide the address(es) for delivery of invoice and/or reprints below.

**CHARGE TO :** (Name and complete address)

**DELIVER REPRINTS TO :** (Name and complete address)

Signature :

Date :