

ASP-DAC 2015 Reprint Order Form

Please complete and send this form to:

ASP-DAC 2015 SECRETARIAT
Japan Electronics Show Association
5F Ote Center Bldg.,
1-1-3 Otemachi, Chiyoda-ku, Tokyo
100-0004 Japan
Phone: +81-3-6212-5231

(for official use only)

| | |
|-------------|-----|
| Reg. No. | |
| Date Revd. | / / |
| Receipt No. | |

Reprint Deadline : November 10, 2014 (Postmarked)

(Please type or print in block letters.)

Paper:

Paper No. (Ex.: 9A-1): _____

Author(s): _____

Paper Title: _____

Mailing Address: Office Residence (please check only one)

Country

Phone _____ Fax _____

E-mail _____

Reprint Fee: 50 copies 100 copies (please check only one)

| Number of reprints | Design Contest Page count up to 2 | Invited/Regular | | Shipping charges | | Total (Yen) | (for official use only) |
|--------------------|--------------------------------------|--------------------|-------------------|------------------|-----------|-------------|-------------------------|
| | | Page count up to 6 | Page count 7 to 8 | Japan | Oversea | | Amount received |
| 50 | 20,000 Yen | 25,000 Yen | 35,000 Yen | 2,500 Yen | 3,500 Yen | | |
| 100 | 25,000 Yen | 30,000 Yen | 40,000 Yen | 3,000 Yen | 4,000 Yen | | |
| Grand Total | | | | | | | |
| | | | | | | Balance | |
| | | | | | | Receipt No. | |

Note: Overseas shipment will be made by sea mail.

Payment: (Please check only one)

Bank draft payable to: ASP-DAC 2015

Remittance to the following bank account:

Account No: 6620287 (Ordinary)
 Account Name: ASP-DAC 2015 Kunio Uchiyama
 Bank Name: Sumitomo Mitsui Banking Corporation (The Mitsui Sumitomo Bank)
 Marunouchi Branch

Credit card (only for residents outputs Japan)

Visa Master Card American Express (please check one)

Card Number: _____ Exp. Date: _____

Card Holder's Name: _____

Date: _____ Signature: _____

Note: No personal check will be accepted.