

Subscription Member Application Form The Optical Society of Japan

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**Please send this application form to the secretariat by E-mail, FAX, or mail.
Marked column (※) should be filled out thoroughly.**

▼a. Contact Details of Applicant

Address ※	ZIP Code:		
Company・ Department ※			
Person in charge		Email※	
TEL ※		FAX	

▼b. Bill/Journal Addressee

Check "1" or "2". If you check "2", please fill out the column below.

- ◆ Bill Delivery ※: "1". The same as the above • "2". The addressee below
- ◆ Journal Delivery ※: "1". The same as the above • "2". The addressee below

Address ※	ZIP Code:		
Company・ Department ※			
Person in charge ※		Email※	
TEL ※		FAX	

▼c. Number of subscription and delivery of proceedings, and other applicant information

- ◆ The Number of the Application ※: _____ Units (Fee : 15,000 JPY/unit)
- ◆ Desirable starting date of subscription ※: _____ (Year/Month)

* If your application date is on the way in the year, the previous issues in the year could be deliver at the member's request. In that case, please write the starting subscription date as January regardless of the actual application date.

- ◆ The requested number of Proceedings ※: _____ Units (The number has to be less than that of the application.)

* Proceedings of "Optics & Photonics Japan" on CD-ROM will be provided at member's request. Please write the desirable number within the limits of the number of your application.

Below is ONLY for Bookseller.

* Notice for the booksellers : the delivery destination is limited to a research institute and an educational institution.
Please fill out thoroughly on the detailed information of the orderers.
You can add the column if you need more.

▽ Orderer 1

Address ※	ZIP Code :		
Company・ Department ※			
Person in charge ※		Email※	
TEL ※		FAX	

▽ Orderer 2

Address ※	ZIP Code :		
Company・ Department ※			
Person in charge ※		Email※	
TEL ※		FAX	

▽ Orderer 3

Address ※	ZIP Code :		
Company・ Department ※			
Person in charge ※		Email※	
TEL ※		FAX	

▽ Orderer 4

Address ※	ZIP Code :		
Company・ Department ※			
Person in charge ※		Email※	
TEL ※		FAX	

▽ Orderer 5

Address ※	ZIP Code :		
Company・ Department ※			
Person in charge ※		Email※	
TEL ※		FAX	

The end of the form