

**Reprint Order Form**  
**Aerosol and Air Quality Research**  
<http://www.aaqr.org/>

Date:  
 Author's Name:  
 Manuscript Number:  
 Manuscript Title:  
 Mailing Address:  
 Number of Pages:  
 Title of your receipt:

You will receive 1 copy of the journal free of charge. To order additional reprints, please fill out the form below and include appropriate payment.

**Please make payment to Taiwan Association for Aerosol Research**

Thank you for choosing to publish in the Aerosol and Air Quality Research.

**REPRINTS**

Total No. of Pages	Base Price (100 copies)	No. Additional Copies (lots of 100)	Total
1 to 4 =	US\$100	_____ @ US\$20/additional 100	= _____
5 to 8 =	US\$180	_____ @ US\$40/additional 100	= _____
9 to 12 =	US\$250	_____ @ US\$60/additional 100	= _____
> 13 =	US\$300	_____ @ US\$80/additional 100	= _____
<b>Total for Reprints = US\$</b>			_____

**COLOR ARTWORK**

Number of Color Figures: US\$250 for each page of color artwork; \_\_\_\_\_ pages

**Total for Artwork = US\$** \_\_\_\_\_

**GRAND TOTAL (reprints + color artwork): US\$** \_\_\_\_\_

Please fill out the Payment Form below.

Payment is due upon receipt of this invoice. No reprints will be printed prior to payment. Please E-mail ([hhyang@cyut.edu.tw](mailto:hhyang@cyut.edu.tw)), fax (+886-4-23742365) or mail the order and payment forms with your signature to the production center of AAQR, attn: Prof. Hsi-Hsien Yang. Mailing address: Dr. Hsi-Hsien Yang; production center of AAQR; Department of Environmental Engineering and Management, Chaoyang University of Technology; No. 168, Jifeng E. Rd., Wufeng District, Taichung City 41349, Taiwan.

**Payment Options (Please check the preferred method)**

- Check or Bank Draft in US Dollars Payable to**  
 E.Sun Commercial Bank, Ltd., Hsinchu, Taiwan  
 Title: Taiwan Association for Aerosol Research
- Telegraphic Transfer**  
 E.Sun Commercial Bank, Ltd., Hsinchu, Taiwan  
 S.W.I.F.T.: ESUNTWTP  
 Account Number: 0060-940-003547  
 Title: Taiwan Association for Aerosol Research  
 Bank Tel.: +886-2-2182-1313

**Credit Card**

Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> JCB <input type="checkbox"/> U Card		
Issuing Bank		Card Number	
Security Code		Expiry Date	(month/year)
Amount paid	US\$ _____		
Cardholder's Signature			