### Order Form of IJIMT

### <http://www.ijimt.org>

### Frequency: Bimonthly

### ISSN: 2010-0248

### Subject Category: Innovation, Management and Technology

**Please choose your subscription type:**

☐ Individual

☐ Institutional

**Please fill in the volumes or issues you’d like to subscribe:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Volume and number of issues** | **Institutional Rate****(per volume)** | **Individual Rate****(per volume)** | **Single Copy Rate****(per issue)** |
| 4 volumes, 6 issues per volume | 500USD | 400USD | 100USD |

☐ The whole volume:

|  |
| --- |
| Volume:  |

☐ Single Copy:

|  |
| --- |
| Issue: |

**Invoice address:**

|  |  |
| --- | --- |
| First Name:  | Last Name:  |
| Academic Title: Professor/ Associate Professor/ Assistant Professor/ Lecturer/ Ph.D Candidate/ Postgraduate/ etc..  |
| Organization/Company:  |
| Department: |
| Street: | No: | City: | State: | Country: | Postcode: |
| Fax: | Tel.: | Email: |

**Delivery Address:**

☐ If your delivery address is your invoice address, please check the box.

|  |
| --- |
| Recipient’s Name: |
| Organization/Company:  |
| Department: |
| Street: | No: | City: | State: | Country: | Postcode: |
| Fax: | Tel.: | Email: |

**Method of Payment:**

1. **Paying Method by credit card (No handling fees)**

**http://confsys.iconf.org/online-payment/18130**

**Please make sure you have VISA or Mastered Card Credit Card before clicking this link, and you should also calculate the right amount and pay.**

**Please fill in the E-mail and Confirmation Number after paying.**

|  |  |
| --- | --- |
| E-mail:  | Confirmation Number: |

1. **Paying Method by Bank Transfer:**

Bank Name : DBS Bank, Singapore

Bank Address : 1 JURONG WEST CENTRAL 2 #B1-20 JURONG POINT Singapore 648886

Name of Account : ZHOU JIANHONG

Beneficiary’s Address: #11-20, BLK 272D, St. 24, Jurong West, Singapore

Account Number : 002-7-067575

BIC/SWIFT Code : DBSSSGSG

Kindly note that the Account Name is: ZHOU JIANHONG

|  |  |
| --- | --- |
| **Remitter’s Account No.** |  |
| **Remitter’s Name:** |  |
| **Remit date:** |  |
| **Remit amount:** |  |

**Please send the scanned payment proof along with the filled order form to us as e-mail attachment.**