

Journal of Disaster Research
Page Charge Agreement and Reprint Order Form

The author(s) agree(s): (1) not to do double submissions (2) to pay the fees for the following article.

Title of article: _____

Author name(s): _____

Publication Order Details (Price List: [for submission until May 2024](#), [for submission as of June 2024](#))

Proof-read by a native speaker: Need Needless

Number of reprints: 0 (No reprint) 100 200 300 More () (in multiple of 100)

Are there any figures to be printed in color? Yes* (Fig. No.) No

* Additional color charge (see price list) is required for submission until May 2024.

Shipping Address

Zip code: _____ Address: _____

Affiliation: _____

Name: _____ Tel: _____

*Please give full delivery information including zip code, address, street number and room number.

Billing Address (if different from shipping address)

Zip code: _____ Address: _____

Affiliation: _____

Name: _____ Tel: _____

Special instructions (if any): _____

Author's Signature: _____ Date signed: _____