

# Overseas Subscription Order Form

FAX

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Fill in this form after printing it out. Please send it by FAX to DIAMOND SERVICE CENTER.

Choose your magazines

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## Address for Delivery

|                  |                               |                                 |              |
|------------------|-------------------------------|---------------------------------|--------------|
| Delivery to...   | <input type="checkbox"/> Home | <input type="checkbox"/> Office | Company Name |
| Department/Title |                               |                                 |              |
| Address          |                               |                                 |              |
| Town / City      |                               | Country                         |              |
| Postal Code      |                               |                                 |              |

## Subscriber Information

|                |                               |                                 |             |
|----------------|-------------------------------|---------------------------------|-------------|
| Title          | <input type="checkbox"/> Mr.  | <input type="checkbox"/> Ms.    | Age         |
| First Name     |                               |                                 | Family Name |
| 姓 (漢字)         |                               |                                 | 名 (漢字)      |
| Phone Number   | <input type="checkbox"/> Home | <input type="checkbox"/> Office |             |
| Fax Number     | <input type="checkbox"/> Home | <input type="checkbox"/> Office |             |
| E-mail Address | @                             |                                 |             |

## Payment Method

|                              |                               |                                 |                              |                               |                                 |                                |                                |
|------------------------------|-------------------------------|---------------------------------|------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|
| Credit Card                  | <input type="checkbox"/> VISA | <input type="checkbox"/> MASTER | <input type="checkbox"/> JCB | <input type="checkbox"/> AMEX | <input type="checkbox"/> DINERS | <input type="checkbox"/> NICOS | <input type="checkbox"/> ORICO |
| Credit Card Number           | — — —                         |                                 |                              |                               |                                 |                                |                                |
| Expiration Date (Month/Year) | / '                           |                                 |                              |                               |                                 |                                |                                |
| Cardholder's Name            |                               |                                 |                              |                               |                                 |                                |                                |

\*Subscription fees will be charged to your credit card in a lump sum, as soon as you received the later issue of the magazine.

## For inquiries about subscription

DIAMOND SERVICE CENTER 9:00-18:00 WEEKDAY  
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