# Text editing request form

Title of the material to be edited_____

Is it scientific or professional text? _____

Number of pages_____

To which language(s) _____

Estimated date of sending to us your material _____

Your name _____

First name _____

Name of / company / institution/ Department/_____

_____

Full Work Address_____

_____

Tel:_____Fax:_____

Date:_____Signature:_____

Please add any information or suggestion you may have.

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