## SPIE.

## NEUROPHOTONICS JOURNAL SUBSCRIPTION ORDER FORM - for SfNIRS members only

	Last (Family) Name		First (Given) Name	Middle Name or Initial	Suffix
ADDRESS	☐ Home ☐ Business				
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				Zip/Postal Code	
Email Add	dressdress is <b>required</b> for online journ	nal.)			
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