



## Individual Subscription Information

Name \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Country \_\_\_\_\_

**Annual Fee US \$ 150.00**

Please indicate when you want subscription to begin:

Spring 201\_\_     Fall 201\_\_

\* Please complete the subscription form as well as the credit card particulars and e-mail to the Editor-in-Chief at [info@gbata.org](mailto:info@gbata.org)

\* For subscriptions, please do not remove this page. A **photo copy** would be appreciated.