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| **Information about the Journal**  |
| **Journal Title and ISSN****The journal you want to join** | Title: ISSN:  |
| **Beginning date of review** | yyyy--mm--dd |
| **Number of papers you are able to review per 6 months?** |  |
| **Time you need to accomplish a review** | ( ) days/ ( ) months  |
| **Subject areas you are interested in** |  |

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| --- |
| **Information about the Applicant** |
| Family Name |  | Given Name(s) |  |
| Gender |  | Country |  |
| Professional Title |  |
| Organizational Affiliation |  |
| 1st E-mail |  |
| 2nd E-mail  |  |
| Telephone Phone  |  | Cell phone | (optional) |
| Fax  | (optional) |
| Postal Address |  |
| Working Experience |  |
| Educational Background |  |
| Membership of Institutions, Associations and Editorial Board |  |
| List of Publications |  |
| Additional Information |  |

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**Declaration**

Submitting this form means that you guarantee the information you have given is truthful, complete and correct. The furnishing of false or misleading information on this form may result in criminal sanctions and/or civil sanctions.