



OFFPRINT ORDER FORM

TITLE OF CONFERENCE: _____

LOCATION AND DATE OF CONFERENCE: _____

EDITED BY: _____

FULL PAPER TITLE: _____

AUTHORS: _____

NOTE: Offprints are printed at the same time the book is printed. Your order must be received at the same time the paper is submitted. **Please return this form along with your manuscript to the volume editor.**

PAYMENT: All payment is due upon receipt of the AIP invoice and should be made payable to:

The American Institute of Physics
2 Huntington Quadrangle, Suite 1NO1
Melville, NY 11747-4502, USA

A. PRICE LISTS FOR BLACK AND WHITE OFFPRINTS

(Circle what applied to your order.)

Number of Offprints	1-2 Pages	3-4 Pages	5-8 Pages	9-12 Pages	13-16 Pages	17-20 Pages	21-24 Pages	25-28 Pages	29-32 Pages
50 (Minimum)	\$90.00	\$112.00	\$190.00	\$238.00	\$284.00	\$328.50	\$370.50	\$422.00	\$475.00
100	100.00	127.00	210.00	264.00	316.00	368.50	420.50	470.00	525.00
150	105.50	136.00	223.50	285.50	345.00	401.50	460.00	514.00	575.00
200	112.00	145.50	236.50	307.00	373.50	434.50	499.00	558.00	625.00
250	117.50	155.00	249.50	328.50	402.00	467.50	538.00	602.00	675.00
300	123.50	164.50	263.00	350.00	430.50	500.50	577.00	646.00	725.00
+50	+\$5.00	+\$8.50	+\$12.50	+\$17.00	+\$21.50	+\$26.00	+\$31.00	+\$36.00	+\$41.00

These prices are for black-and-white offprints only. If your paper contains color figures that must be printed in color, please contact AIP separately (e-mail: confproc@aip.org or mflikop@aip.org). See additional charges for color printing below in "B."

Shipping charges are additional.

NUMBER OF PAGES _____
IN THE ARTICLE

TOTAL NUMBER OF OFFPRINTS ORDERED: _____

If color printing is required, the following charges (as below) will be added to the charges for the black and white Offprints:

B. ADDITIONAL CHARGES PER COLOR PAGE *

Offprints/Reprints	50	100	150	200	250	300	+50
Cost Per Page	\$162.50	\$195.00	\$228.00	\$260.00	\$293.00	\$325.00	Contact AIP

See Next page for Shipping and Billing details.

SHIPPING INSTRUCTIONS

Ship to: _____

Tel: _____ Fax: _____ e-mail: _____

BILLING INSTRUCTIONS

Purchase order Number (if any): _____

Bill to (full name and address even if it is the same as above):

Name (please print): _____

Position: _____

Institute/Department: _____

Address: _____

_____ Date

_____ Signature