

# REPRINT ORDER FORM

Reprint orders must be received by the first of the month prior to issue date (i.e., June 1 for July issue).

Late orders will be subject to additional charge.

Author(s) \_\_\_\_\_

Title of Article \_\_\_\_\_

AJR Issue (month) \_\_\_\_\_ MS# \_\_\_\_\_ # of Pages \_\_\_\_\_

## REPRINT PRICE LIST

NO. of Pages	100	200	300	400	500
1-4	230	285	305	330	350
5-8	420	490	525	600	680
9-12	650	720	810	875	940
13-16	795	870	960	1125	1200
17-20	915	1050	1200	1350	1500
21-24	1105	1250	1400	1550	1725
25-28	1295	1425	1650	1835	1960
29-32	1480	1625	1850	1900	2235

## REPRINT ORDERS/CHARGES

Quantity	Amount
_____ Reprint ordered	_____
_____ Plain Covers	_____
_____ Color Charges (250.00 per 100)	_____
_____ Late Charges (see additional Charges)	_____
_____ Shipping	_____
<b>Total Order</b>	_____

## Additional Charges

Plain Covers.....\$87.00 per 100 reprints

Color in Article.....\$250.00 per 100 reprints

More than 500 copies.....\$30.00 per additional 100 reprints

Late Orders\*\* (Orders placed after issue is printed) Add 35%

\*Late orders containing color must be estimated for cost

## Payment Options

Check enclosed (Payable to AJR in U.S. funds drawn on U.S. bank)

Visa       Mastercard       American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Prepayment or an official institutional purchase order must be received prior to the closing date to avoid late charges.

Reprints are shipped two weeks after publication of the Journal. Checks must be payable in U.S. currency via an American bank. Purchase order terms are net 30 days.

Mail Order form and payment or institutional purchase order to:

AJR Author Reprint Dept.  
P.O. Box 18001  
Merrifield, VA 22118-0001

## SHIPPING INSTRUCTIONS

Name \_\_\_\_\_

Name of Institution \_\_\_\_\_

Department \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Billing Address for Institutional Purchase

Name of Institution \_\_\_\_\_

Department \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Purchase Order No. \_\_\_\_\_ is attached

\_\_\_\_\_ will follow separately

Responsibility for full payment and issuance of a formal institutional purchase order rests with the author.