

The American Surgeon

# 2009 Offprint Order Form

This is your Offprint Order Form/invoice/receipt. Separate receipts will not be provided. Please keep a copy of this document for your records. Read all information on the back of this form before completing. All information must be completed or the Offprint Order Form will be returned. Purchase Orders are not accepted.

**Reprint orders and prepayments must be sent to Southeastern Surgical Congress**

Author Name: \_\_\_\_\_

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

Issue of Journal: Vol \_\_\_\_\_ Issue \_\_\_\_\_ Publication Date: \_\_\_\_\_ / \_\_\_\_\_ No. of Pages: \_\_\_\_\_

Color in Article: Yes \_\_\_\_\_ No \_\_\_\_\_ Reprint No. \_\_\_\_\_ Manuscript No. \_\_\_\_\_

## OFFPRINT COSTS

\_\_\_\_\_ Number of offprints ordered \$ \_\_\_\_\_

Add color fee and/or packaging cost \$ \_\_\_\_\_

Fee for each additional ship location \$ \_\_\_\_\_

Taxes (if applicable - see back) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

## SHIPPING ADDRESS

Attn: \_\_\_\_\_

Institution \_\_\_\_\_

Street \_\_\_\_\_

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

Country \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

E-Mail \_\_\_\_\_

## ENCLOSED

Check No. \_\_\_\_\_

Credit Card Payment:

\_\_\_ AMEX \_\_\_ MC \_\_\_ VISA

Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Signature \_\_\_\_\_

## ADDITIONAL SHIPPING ADDRESS

(add \$29.00 for each additional)

Name \_\_\_\_\_

Street \_\_\_\_\_

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

Fax \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

## SPECIAL INSTRUCTIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ORDERING:

Prepayment by check or credit card in U.S. Dollars is required to process your order. You may use this form as your invoice. To avoid delay, please return this form with your payment to:

THE AMERICAN SURGEON, c/o Southeastern Surgical Congress, 115 Samaritan Drive, #200, Cumming, GA 30040

FEIN 58-0435555 For more information, please call: Telephone: 800/558-8958 or 678/965-2422; FAX 678/965-2278.

Signature \_\_\_\_\_

Signature is required. By signing this form, the purchaser agrees to accept the responsibility for the payment of reprints and/or all charges described in this document

# THE AMERICAN SURGEON 2009 OFFPRINT ORDER FORM

NOTE: These Black and White OFFPRINT prices are significantly reduced over the REPRINT prices.

This Author Offprint form must be received at the office of the Southeastern Surgical Congress in Atlanta, GA, by the 15th of the month preceding article publication date (January 15 for February issue). If not received by that date, the order will be processed and billed according to the Reprint Order price schedule.

Minimum order is 100 copies. For quantities greater than 1,000 or for articles longer than 16 pages, contact the Southeastern Surgical Congress for a price quote.

If the article contains any color in addition to black, please request quote from Atlanta before placing order.

International Authors - MUST contact the Atlanta office by FAX or e-mail to request an estimate of shipping charges for offprints. Allow at least three days for response. Please indicate international access code + country code+ city code+ local telephone and FAX numbers and/or e-mail address. No order will be accepted if this process has not been followed. NO PROFORMA INVOICES WILL BE SENT.

Offprint Pricing for Domestic Orders						
# of Pages	100	200	300	400	500	Add'l 100's
1-2	174	199	224	249	274	85
3-4	212	245	278	311	336	95
5-8	250	291	332	373	404	105
9-12	309	374	439	504	569	120
13-16	397	477	557	637	717	135

### Sales Tax Due

In the states of Maryland, Florida, and Pennsylvania, add the state sales tax to total offprint order plus any local surtaxes due. This is required by these states: Maryland - 5%; Florida - 6% plus surtaxes; Pennsylvania - 6% plus 1% for Allegheny and Philadelphia.

### Additional Instructions

When disclaimers or stock numbers must be printed on the offprints, the verbiage and instructions for location on the offprint must be clearly typed and attached to the order form.

### Additional Covers

Red journal covers for the issue can be included; please call for price. No title page can be included.

### Shipping

Shipment via USA - UPS ground within the continental United States (1-5 days delivery) is included in the reprint prices for orders under 1000 copies. For orders over 1000 copies, or for expedited service, a separate charge will be made for shipping when billed to us by the carrier.

### Delivery

Orders received prior to the 15th of month prior to publication will ship approximately 3 weeks after printing of issue. Orders received after the 15th will be processed and billed as **REPRINTS** and will ship approximately 5 weeks after printing of issue.

**OFFPRINT ORDER FORMS MUST BE RECEIVED IN THE ATLANTA OFFICE OF THE SOUTHEASTERN SURGICAL CONGRESS BY 15TH OF MONTH PRIOR TO PUBLISHING DATE.**

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c/o The Southeastern Surgical Congress  
115 Samaritan Drive, #200  
Cumming, GA 30040

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