

**The American Surgeon**

**2009 Reprint Order Form**

This is your order form, invoice, and 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 form will be returned. Purchase orders are not accepted.

**Reprint orders and prepayments must be sent to Atlanta**

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

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

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

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

**REPRINT COSTS**

\_\_\_\_\_ Number of reprints 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 \_\_\_\_\_

Tax Exemption Number \_\_\_\_\_  
(tax must be paid if number not given)

**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 30040-2354  
FEIN 58-0435555 For more information, please call: Telephone: 678-965-2422 or 800/558-8958 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 REPRINT ORDER FORM

### Black-and-White Reprint Prices

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

Telephone: 678-965-2422 or 800/558-8958

FAX 678-965-2278.

Domestic Copies				
# of Pages	100	200	300	400
1-2	210	230	250	260
3-4	280	295	325	355
5-8	405	445	485	525
9-12	550	610	670	730
13-16	785	860	935	1010

### Color in Reprints Request

If the article contains any color in addition to black, please request quote. For back issues, request price quote before placing order.

### 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.

### International Orders

Please FAX request for estimate of reprints and shipping charges. Allow three days for response by FAX. Please include international access code + country code + city code + local telephone/FAX number. No order will be accepted if this process has not been followed. NO PROFORMA INVOICES WILL BE SENT.

### Multiple Shipments

You may request that your order be shipped to more than one domestic location. The cost will be \$29.00 for each additional location. International orders will need to request estimate.

### Delivery

Your order will ship approximately 5 weeks after receipt of order for past issues. Allow extra time for delivery of reprints from issues before 1993.

### Sales Tax Due

In the states of Maryland, Florida, and Pennsylvania, add the state sales tax to total reprint 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.

### Special Packaging

When bundling is required, please add \$.45 per bundle to band or \$.50 per bundle for shrink wrap to cost of the order. Note the number of bundles and type of packaging in "Special Instructions."

### Additional Instructions

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

**ORDERS FOR REPRINTS AND PREPAYMENTS MUST BE SENT TO ATLANTA OFFICE.**

**THE AMERICAN SURGEON  
c/o The Southeastern Surgical Congress  
115 Samaritan Drive, #200  
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