PUBLICATION CHARGE CERTIFICATION

for a paper to be published in the *Journal of Electronic Imaging*

Email or fax form to:
SPIE Journals Department
P.O. Box 10, Bellingham, Washington 98227-0010 USA
Tel: +1 360 676 3290 (Pacific Time) · Fax: +1 360 647 1445
E-mail: journals@spie.org

AUTHOR'S NAME AND ADDRESS: (Name and address required.)

_____

_____

_____

_____

E-mail receipt to:

_____

BILL TO ADDRESS: (If Different from Above.)

_____

_____

_____

_____

Please provide the following information:

(01) Paper No.:

_____

(02) Principal author's full name

_____

(03) Publication Month and Year:

_____

(04) No. of journal pages required for this paper

_____

(05) Publication charges @ $90 per page . . . . . $_____

(06) **Mail this form within 2 weeks of receipt of your proofs.**

PUBLICATION CHARGE CERTIFICATION

PLEASE check one:

❑ **YES. We agree to pay $90 per page on support of the publication of this paper, in the total amount in item (05) above.**

❑ **NO. We are unable to pay publication charges because**

_____

If you are able to support publication of your paper but are only able to pay partial page charges, please contact journals@spie.org.

Publication charges of $90 per published page apply to papers published in *Journal of Electronic Imaging*. Editorial acceptance is not contingent on publication charge support; however, unsupported papers require full subsidization by SPIE. While voluntary, these financial contributions help defray the cost of publishing research results and should be regarded as an essential and proper part of research budgets. The Society expresses its appreciation for publication charge support by offering the author a 10% discount on reprints.

METHOD OF PAYMENT

❑ We require an invoice. E-mail to:_____.

❑ Our purchase order for publication charges is attached.

❑ Our purchase order No. _____ for publication charges (with prior credit approval) will follow within 10 days.

❑ Our check for $ _____ is enclosed.

❑ Charge publication charges to my credit card account:

❑ VISA ❑ Mastercard ❑ American Express ❑ Diners Club

Account number

Expiration date _____ *Security Code*_____

Institution _____

*By (signature)*_____ *Date* _____