

SPONSORED ARTICLE OPTION

[CARDIOVASCULAR PATHOLOGY, JOURNAL NUMBER 7620]

Completed forms should be scanned and sent to: Sponsored_articles@elsevier.com
Forms can also be faxed to: +353 61 709115 (Ireland) or +1 619 699 6859 (US)

Author questions can be sent to:
Email: Sponsored_articles@elsevier.com
Phone: +353 61 709 137 (Ireland) or +1 619 699 6550 (US)

This journal offers authors the option of sponsoring their article and making it available on Elsevier's electronic publishing platforms to non-subscribers. The charge for exercising this option is \$3,000. Authors who have had an article accepted after July 2006, and who wish to choose this option should complete this form and fax or email the form to the address above.

ARTICLE INFORMATION

Article Title: _____

Authors: _____

If you would like to select this option, please tick the box below; otherwise please do not return this form.

Yes, I would like to make my article available on Elsevier's electronic publishing platforms to non-subscribers. Please invoice me for the amount of US \$3,000 excluding tax. (Tax-exempt customers must fill in the Tax Exemption section below.)

Do not send money or cheques now; you or your institution will receive an invoice

TAX EXEMPTION

For US and Canadian customers: Please supply your tax exemption/resale number and a valid copy of your certificate. If we do not receive the certificate with the order, we will charge you sales tax/GST/HST as applicable. Please note: by law, individuals are not eligible for tax-exempt status.

For European customers: Please supply your VAT registration number (including country code); otherwise we will charge VAT as appropriate. If the number supplied is invalid, we will also charge VAT where applicable.

Tax / GST / HST / VAT Exemption number (if applicable)

AUTHOR ADDRESS

Name: Univ./Org.:

Department: Institute:

Street City / State.....

Zip/post code Country

Phone No: Fax No:

E-mail address: **Purchase Order No:**

BILLING ADDRESS (if different from the address given above)

Name: Univ./Org.:

Department: Institute:

Street City / State.....

Zip/post code Country

Phone No: Fax No:

E-mail address: **Purchase Order No:**

DATE:

SIGNATURE: