| BENTHAM OPEN | RENIE AN CIVE N | | |
|--|-------------------------------------|---|--|
| | Fe | ee Form | |
| PLEASE RETURN THIS FO | RM TO: | | |
| BENTHAM OPEN Subscription Department PO Box 7917, Executive Suite Y SAIF Zone, Sharjah, UAE | Room 2 | E-mail: oa@benthamscience.org Fax: (from USA) 215-3109757 (Outside USA): +1-215-3109757 | |
| PUBLICATION FEES: | | | |
| Articles. The publication fee ■ I ACCEPT THE OPEN AC | · | ele is \$250 | |
| | | , or Bank draft, Bank transfer. | |
| Kindly complete this form in C JOURNAL TITLE: | CAPITAL LETTERS | | |
| PAPER TITLE: | | | |
| AUTHOR(S): | | | |
| PAYMENT: Payable to "BEI | NTHAM OPEN" | | |
| Bank draft P.O. Box 7917, Executive Suite | Cheque | Bank Transfer rjah, UAE | |
| CREDIT CARD: | | | |
| Master Card Card Holder's Name (IN CAP | VISA PITAL LETTERS): | American Express (Billing address required) | |
| Expiry Date: | Card No.: | | |
| Amex Billing Address: | | | |
| NB: Please note that we require a pho | tocopy of both sides of your credit | it card in order to process the payment. | |
| Signature: | | | |
| PLEASE INVOICE ME (USE | CAPITAL LETTERS): | Agreed hereby with all above | |
| | | Signature: | |
| NAME: | | | |
| AFFILIATION: | | Date: | |
| E-MAIL ADDRESS: | | | |
| "Once your paper is accepted fo | r publication, you will receive | re by email an electronic invoice". | |