

# RESPIRATORY CARE Reprint Order Form

## Instructions

To order reprints, please complete sections A, B, C, and D below. Order can be placed via: mail--9425 N MacArthur Blvd. # 100, Irving TX 75063; email--binkley@aacr.org; fax--(972) 484-2720. Call (972) 243-2272 or email binkley@aacr.org for questions about larger quantities and special requirements.

## A - Reprint Identification

Principal Author: \_\_\_\_\_

Paper Title: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Volume: \_\_\_\_\_ Page: \_\_\_\_\_  
 Page Range: From Page \_\_\_\_\_ To Page \_\_\_\_\_ Blank Pages \_\_\_\_\_ Total Pages \_\_\_\_\_

## B - Reprint Quantity

Determine the total number of pages of your reprint, then circle the appropriate priced based on the quantity needed (100 minimum). Prices quoted are for b/wreprints; FOB Hannover, PA. Allow four weeks (after publication) for delivery.

Add the RESPIRATORY CARE journal cover in b/w or color. **Ask about ePrints.**

*Black and White Rates. Shipping and Handling charges will be added when invoiced.*

Quantity	1-2 pages	3-4 pages	5-8 pages	9-12 pages	13-16 pages	17-20 pages	21-24 pages
100	\$118	\$178	\$310	\$428	\$540	\$663	\$773
200	\$125	\$193	\$340	\$475	\$598	\$735	\$858
300	\$130	\$205	\$373	\$520	\$655	\$808	\$945
400	\$138	\$220	\$403	\$565	\$715	\$880	\$1,033
500	\$145	\$235	\$435	\$610	\$773	\$953	\$1,118
1,000	\$180	\$308	\$593	\$838	\$1,068	\$1,313	\$1,550
2,000	\$248	\$440	\$900	\$1,278	\$1,620	\$2,003	\$2,370

## C - Delivery Address

**No Post Office Boxes--Reprints Shipped Via UPS and Cannot be Delivered to Post Office Boxes.**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 PO Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

## D - Payment and Billing Address

Payment:  Check (Make Check Payable to Daedalus Enterprises, Inc.)  Purchase Order  MasterCard  Visa  American Express

Purchase Order Number: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Credit Card Expiration Date: \_\_\_\_\_

Company: \_\_\_\_\_ ATTN: \_\_\_\_\_

PO Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Daedalus Enterprises, Inc., 9425 N MacArthur Blvd. # 100, Irving TX 75063