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@aarc.org; fax--(972) 484-2720. Call (972) 243-2272 or email binkley@aarc.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.

<table>
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<th>3-4 pages</th>
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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: __________________ State: ____________ Zip: ____________ Country: ____________

City: ____________

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