PAGE CHARGE CONSENT FOR

MS#: 
Title: 
Authors: 

Your manuscript is a 

☐ Regular paper: Total estimated published pages _______; pages overlength _______
☐ Communication: Total estimated published pages _______; pages overlength _______
☐ Review paper: Total estimated published pages _______; pages overlength _______
☐ TBME Letters: Total estimated published pages _______; pages overlength _______

The mandatory overlength page charge is $250.00 per page. This payment is required for all Regular papers beyond the published eight (8) page limit, for Communications beyond the published three (3) page limit, for TBME Letters beyond the four (4) page limit, and for Review papers beyond the published fifteen (15) page limit.

Your overlength estimated mandatory page charge is _______ x $250.00 = $___________.

Reprints may be obtained at an extra charge and may be ordered on the form sent to you at the time you receive your galley proofs.

An alternate option to the above mandatory page charge plan is the following. You may elect to pay the charge of $110.00 per page for the total estimated published pages. Under this plan, your payment entitles you to 100 reprints without additional charge. For this option, your total estimated published page charge is _______ x $110.00 = $___________.

This charge is voluntary for manuscripts of eight or fewer printed pages. Authors are encouraged to pay this charge to help defray the cost of publication.

Additional reprints may be obtained at an extra charge and may be ordered on the form sent to you at the time you receive your galley proofs.

CHECK ONE OF THE FOLLOWING OPTIONS AND SIGN THE FORM BELOW:

I elect to pay: ☐ The mandatory page charge option
☐ The free reprint page charge option
☐ I cannot pay the voluntary charge

You will receive billing from the IEEE New York Office. Forward your payment with a check made payable to IEEE-EMB to the address on the invoice. Please do not send payment until you receive an invoice from IEEE which will be sent to you after your paper is published. If you require an invoice prior to publication, please contact the Editor.

__________________________
Signature of person authorized to approve above payment

__________________________
Department

__________________________
Company or Institution

__________________________
Mailing Address

__________________________
City, State, Zip Code, Country

THE INSTITUTE OF ELECTRICAL AND ELECTRONICS ENGINEERS, INC.