



TRANSACTIONS ON BIOMEDICAL ENGINEERING

Xiaochuan Pan Editor-in-Chief

SUBMIT ONLINE AT SCHOLARONE MANUSCRIPTS (manuscript central)

PAGE CHARGE CONSENT FORM

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 Letter:	Total estimated published pages; pages overlength

Page limits: Regular paper - eight (8) pages; Communication - three (3) page; TBME Letter - four (4) pages; and Review paper - ten (10) pages.

Mandatory overlength-page charges: @\$250/page for the first two overlength pages, and @\$350/page for each of the remaining overlength pages. The maximum number of the pages for a regular paper is 12. The authors are required to pay the mandatory overlength-page charges.

Your estimated overlength mandatory page charge is $___X $250.00 + ___X $350.00 = $___$. 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. For this option, your total estimated published page charge is

_____X \$110.00 = \$_____.

This charge is voluntary for manuscripts of eight (8) 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 with 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:

Mandatory page charge Voluntary page charge

You will receive billing from the IEEE New Jersey Office. <u>Pls do not send payment until you receive an invoice from</u> <u>IEEE, which will be sent to you after your paper is published.</u> 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.