



AMERICAN METEOROLOGICAL SOCIETY 45 BEACON ST, BOSTON, MA 02108

Estimated publication and reprint charges for *BAMS* – Use this form for ACCEPTED manuscripts. Receipt of this form is required to process your manuscript for publication.

Publication charges are financial contributions from authors' institutions that help defer the cost of disseminating research results and should be regarded as an essential and proper part of the research budget. These charges defray the cost of editorial, composition, and related work to prepare an article for printing and partially support its inclusion in various abstract and index databases to allow broader dissemination of this work. **Payment of publication charges is expected.** If an author's institution is truly unable to pay the publication charge for an article, a waiver must be obtained. (if you have been granted a page charge waiver, please note the waiver date and amount below.)

Authors: _____

Paper title: _____

ESTIMATION OF PAGES (*BAMS* has no separate color charges):

1)	Total word count*	_____	Divided by 800	=	_____	Estimated pages of text
2)	Total number of figures and tables	_____	Divided by 3	=	_____	Estimated pages of figures
4)	Add lines 1 & 2 together; round up to next even number				_____	TOTAL ESTIMATED PAGES
*Include all text, title through references, including sidebars (if any) and including text of figure captions.						

ESTIMATION OF CHARGES:

Printed page charges	\$105 per page for each of pages 1–4	=	_____
	\$290 per page for each of pages 5–8	=	_____
	\$405 per page for each of pages 9 and over	=	_____
Electronic only publications (including supplements)	\$50 per page	=	_____
Rich Media Files (video/audio files to be inserted in the <i>BAMS</i> Digital edition)	\$190 per rich media file	=	_____
Color Cover (contact <i>BAMS</i> Manager of Art and Design, Dave Gershman (dgershman@ametsoc.org), for information on supplying cover illustrations)	\$2,150	=	_____
GRAND TOTAL ESTIMATED PAGE CHARGES** (include reprint cost from page 2 if reprints are ordered)		=	_____

**This is an ESTIMATE, when proofs are laid out an invoice will be sent based on corrected page count. In addition to page charges, additional charges may be assessed for excessive changes/edits to typeset proofs, processing of multiple figure files for single figures, and rekeying in of manuscript files that cannot be converted to an editable file.

Reprint Charges:

Reprints are available at the following prices **to those who have honored page charges*** (including partial payment as negotiated.) These prices apply provided the complete order is made within four weeks of the receipt of the Publication Charge Certification form. **Late** reprint orders will be subject to a 10% surcharge. Domestic shipping is included in the Administration fee; all foreign orders please add \$30 for overseas shipping. (indicate your choices below)

*If your page charges have been **fully waived**, contact melissa.fernau@ametsoc.org for a schedule of charges for Reprints.

BAMS Reprints article total pages	25 copies	50 copies	100 copies	200 copies	300 copies	400 copies
2 - 4	\$55	\$79	\$103	\$176	\$243	\$304
5 - 8	\$74	\$114	\$145	\$261	\$363	\$454
9-12	\$93	\$149	\$188	\$346	\$483	\$604
13-16	\$111	\$184	\$230	\$431	\$603	\$754
17-20	\$130	\$219	\$273	\$516	\$723	\$904
21-24	\$149	\$254	\$315	\$601	\$843	\$1,054
add Issue Cover**	\$58	\$98	\$175	\$331	\$488	\$644
Additional fees per order						
Administration fee (applies to ALL orders)						\$25
Overseas shipping (if applicable)						\$30

**Generic cover with author name and article title included if Issue Cover is not specified

Total estimated reprints charges = _____

PUBLICATION CHARGE CERTIFICATION

BAMS manuscript number: _____ Your Purchase Order Number: _____

Credit Card (Visa, Mastercard, AMEX) _____ - _____ - _____ - _____

Exp. date ____/____/____ Name on Card _____
Mo. Yr.

_____ **ACCEPTANCE** We accept the obligation to pay page charges in partial support of the publication of this article.

_____ **NONACCEPTANCE** Waiver: Full____ or Partial____ date _____ and Amount \$ _____

Signature of authorized agent

Date

(PRINT NAME)

Institution (include mailing address, city, state, zip code and country)

Telephone: _____ Facsimile: _____

Print, sign, and fax, email, or mail this completed form to: **Christine Keane (ckeane@ametsoc.org), American Meteorological Society 45 Beacon St., Boston MA 02108-3693, Fax: (617) 742-8718.**