

# AUTHOR(S) OFFPRINTS ORDER FORM

version 6/2001

Nuclear Inst. and Methods in Physics Research, A

### Offprints will be delivered to:

Dr. P.C. Bhat  
Fermi National Accelerator Laboratory  
  
P.O. Box 500  
Batavia, IL 60510  
USA

### Please return completed form to:

**NIMA**  
Elsevier Science B.V.  
Sara Burgerhartstraat 25  
1055 KV Amsterdam  
Netherlands  
Fax: +31 20 485 3752

Elsevier reference: NIMA 14205

*NB. Always quote this reference on your Purchase Order and in any reference to this article.*



NIMA|14205

Editor's number: 501

Journal number: 5211

You will receive the following, which will be sent to you at the above address:

25 free offprints

**PAID OFFPRINTS - to be sent to you at the above address**

If you wish to purchase additional offprints (see price list) please indicate this below. Please only fax us this order form if you wish to order additional offprints or the billing address is different from the address given at the top of this form; otherwise there is no need to return it.

**Description:** please indicate your choice:

**Quantity** (see Terms of Delivery)

**Price** (see price list)

Please note that a mixed order, i.e. with and without covers, is not possible.

With covers

Without covers

### PAYMENT DETAILS

**Purchase Order Number** (see Terms of Delivery): .....

**VAT/Sales Tax Number** (Customers in countries where VAT or Sales Tax is applicable will be charged for any tax due.

If registered please provide numbers): .....

**US Sales Tax or Exemption Number (if applicable)** .....

### PAYMENT METHOD (please tick appropriate box)

Amount ..... Please bill me  Cheque enclosed

Credit card (payment by the following cards is accepted from individuals only):

Amex  MasterCard  Visa  Access  Eurocard

Number ..... Expiry date .....

**If credit card address (for billing) is different from above please complete the Billing Address section below.**

### BILLING ADDRESS (if different from address given above)

Name: ..... Univ./Org.: .....

Department: ..... Street: .....

Postal code: ..... City: ..... Country: .....

Payment contact name: ..... Telephone number: .....

Email address: ..... Fax number: .....

**SIGNATURE** ..... **DATE** .....

Authors who agreed to pay the production costs for illustrations to be published in colour will automatically receive additional free offprints. Please check the latest issue of the journal for details.

FOR PUBLISHER'S USE ONLY: Volume \_\_\_\_\_ Issue \_\_\_\_\_ Pages (from) \_\_\_\_\_ (to) \_\_\_\_\_