



Thank you for your contribution to the **Journal of Radiosurgery & SBRT (Stereotactic Body Radiation Therapy) (JRSBRT)**. Detailed on this sheet is the pricing and ordering information for the journal. If you are interested in referencing this journal on a more regular basis, please fill in the appropriate sections to **order a subscription**. Alternately, by filling out the enclosed **Library Recommendation Form**, you may recommend to your librarian that the journal be considered at the next library acquisitions meeting.

SUBSCRIPTION AND PRICE INFORMATION

Journal of Radiosurgery & SBRT (Stereotactic Body Radiation Therapy)

ISSN 2156-4639 (print) • 2156-4647 (online)

Volume 10, Issues 1-4 (80 pages/issue • 8.5" x 11")

Institutional:	US \$1214	EURO €1173	YEN ¥167,000
Individual:	US \$238	EURO €245	YEN ¥35,100

Institutional rates include print and online publications. Individual rate includes print only.

Individual rate eligibility: Must be for individual use only, sent to a home residential address and paid for by a personal check or credit card of the individual. US\$ rates apply for world except Europe when Euro rates apply and Japan where Yen rates apply. All rates include shipping. Euro and Yen rates include air-mail. **Prepayment required to initialize subscription.**

SUBSCRIPTION ORDER FORM

I would like to subscribe to: **Journal of Radiosurgery & SBRT (Stereotactic Body Radiation Therapy)**

Individual Subscription Institutional Subscription

Payment Details

- Please invoice (Institutional subscriptions only)
- I enclose a check or money order (Payable to Old City Publishing)
- Please charge my VISA / MasterCard / American Express / Discover Card (Circle type of card)

Number: _____

Exp. date: _____ Security Code: _____

Signature: _____

CC Billing Zip Code: _____

Billing Address

Name: _____

Organization: _____

Address: _____

City: _____ State: _____

Postal Code: _____

Country: _____

Telephone: _____ Fax: _____

Shipping Address

Name: _____

Organization: _____

Address: _____

City: _____ State: _____

Postal Code: _____

Country: _____

Telephone: _____ Fax: _____

Thank you for you order. Please send this form to the address below, or fill out the library recommendation form and pass it on to your librarian.

Old City Publishing, Inc., 628 North 2nd Street, Philadelphia, PA 19123 USA

tel: +1.215.925.4390 • fax: +1.215.925.4371

www.oldcitypublishing.com

LIBRARY RECOMMENDATION FORM

To: Librarian/Library Acquisition Committee/ _____

I would like to recommend the journal **Journal of Radiosurgery & SBRT (Stereotactic Body Radiation Therapy)**. Please include it in your next serials review meeting with my recommendation. (Sample copies are available from Old City Publishing.)

SUBSCRIPTION AND PRICE INFORMATION

Journal of Radiosurgery & SBRT (Stereotactic Body Radiation Therapy)

ISSN 2156-4639 (print) • 2156-4647 (online)

Volume 10, Issues 1-4 (80 pages/issue • 8.5" x 11")

Institutional: US \$1214 EURO €1173 YEN ¥167,000

Individual: US \$238 EURO €245 YEN ¥35,100

Institutional rates include print and online publications. Individual rate includes print only.

Individual rate eligibility: Must be for individual use only, sent to a home residential address and paid for by a personal check or credit card of the individual. US\$ rates apply for world except Europe when Euro rates apply and Japan where Yen rates apply. All rates include shipping. Euro and Yen rates include air-mail. **Prepayment required to initialize subscription.**

I recommend the journal for the following reasons: (1 = very important; 2 = important; 3 = not important)

- | | | | |
|---|---|---|---|
| 1 | 2 | 3 | REFERENCE: I will refer to this journal frequently for work related research. |
| 1 | 2 | 3 | STUDENT READINGS: I will regularly refer my students to this journal to compliment their studies. |
| 1 | 2 | 3 | PUBLICATION OUTLET: A publication outlet in this area would be useful for my current work. I have submitted/am interested in submitting a paper to this journal. |
| 1 | 2 | 3 | BENEFIT FOR LIBRARY: I feel this journal's aims, focus and content are useful and unique. This journal would be an important resource in helping the library meet the needs of departments, faculty, and students. |
| 1 | 2 | 3 | PERSONAL AFFILIATION: I am a member of the journal's sponsoring society/advisory board/editorial board. I support the journal in its endeavors, use it frequently in my work, and plan to regularly recommend articles to colleagues and students. |

My other reasons for recommending this journal are as follows:

Name: _____ Position: _____

Department: _____

Orders may be placed by contacting:

Old City Publishing, Inc., 628 North 2nd Street, Philadelphia, PA 19123 USA

tel: +1.215.925.4390 • fax: +1.215.925.4371

Order forms are also available on the web at www.oldcitypublishing.com