PROCEEDINGS
FULL PAPER COVER SHEET

Title: _____

_____

1st Author: _____ ANS Member Yes ( ) No ( )

Company: _____ Phone: _____

Address: _____

2nd Author: _____ ANS Member Yes ( ) No ( )

Company: _____ Phone: _____

Address: _____

3rd Author: _____ ANS Member Yes ( ) No ( )

Company: _____ Phone: _____

Address: _____

List Authors in the order in which they appear on the title page of the paper; list additional authors on a separate sheet. Complete the top portion of page 2.

Billing Information
$25.00 per page.

Please attach Purchase Order (if required by your organization) to original paper.
Purchase Order Number: _____
Send Bill to Address: _____

_____

_____

Signature: _____

Please bill the following Credit Card for payment:
_____ Visa _____ MasterCard

_____ AMEX _____ DinersCard

Card No. _____

Signature: _____

Exp. Date: _____

PUBLICATION INFORMATION

	Yes	No
Has the paper been presented or published previously?	( )	( )
If so, give details: _____		
Has the paper been submitted for publication in a technical journal?	( )	( )
If so, give details: _____		

** This paper has been reviewed by my institution/ organization. All necessary approvals have been received.

_____
Author's signature (required for publication)

Please complete the attached copyright form in order for paper to be printed.

4th Author: Company: Address:	ANS Member: Phone:	Yes ❑	No ❑
5th Author: Company: Address:	ANS Member: Phone:	Yes ❑	No ❑
6th Author: Company: Address:	ANS Member: Phone:	Yes ❑	No ❑
7th Author: Company: Address:	ANS Member: Phone:	Yes ❑	No ❑
8th Author: Company: Address:	ANS Member: Phone:	Yes ❑	No ❑
9th Author: Company: Address:	ANS Member: Phone:	Yes ❑	No ❑
10th Author: Company: Address:	ANS Member: Phone:	Yes ❑	No ❑