



Thank you for your contribution to the **Journal of Experimental Therapeutics and Oncology (JETO)**. 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 Experimental Therapeutics and Oncology
ISSN 1359-4117 (print) • 1533-869X (online)

Volume 13, Issues 1-4 (80 pages/issue • 8 1/2" x 11")
Institutional: US\$667 EURO €597 YEN ¥76,000
Individual: US\$137 EURO €137 YEN ¥17,113

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 airmail. **Prepayment required to initialize subscription.**

SUBSCRIPTION ORDER FORM

I would like to subscribe to: _____
(journal name)

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: _____

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 your 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 of Experimental Therapeutics and Oncology**.

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 Experimental Therapeutics and Oncology

ISSN 1359-4117 (print) • 1533-869X (on-line)

Volume 13, Issues 1-4 (80 pages/issue • 8 1/2" x 11")

Institutional: US\$667 EURO €597 YEN ¥76,000

Individual: US\$137 EURO €137 YEN ¥17,113

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