We ACCEPT

The signed form should be returned via postal mail to American Physical Society One Research Road Box 9000 Ridge, NY 11961-9000 or by fax to (631) 591-4141

DECLINE

## **PUBLICATION CHARGES**

INTERNAL USE ONLY									
ISSUE DATE	PG#	# PG	A/C #						

AUTHORS: J.K. Nilsen, J. Mur-Petit, M. Guilleumas, M. Hjorth-Jensen, et al.

TITLE: Vortices in atomic Bose-Einstein condensates in the large gas parameter region

to pay the applicable publication charges.

Publication charges are contributions from authors' institutions to the cost of disseminating research results and should be regarded as an essential and proper part of their research budget. An invoice will be sent to you from the American Institute of Physics. Prompt return of this form will expedite your order.

Important: This is not a bill; an invoice will follow after this form has been completed and returned to the American Physical Society.

	/ /							
NATURE OF AUTHORIZED AGENT DATE			INSTITUTION TO BE BII					
SE TYPE OR PRINT NAME							AD	
NE NUMBER	FAX NUMBER							
ASE NOTE: If the publication charges are to be paid by each institution, including a			a list on a separa	ite piece	of paper	indicating	the percentage	
PRTANT: If your institution requires a separate porm (Code, Journal, Authors, Title).	ourchase order to cover our billing	ng, please have your purchas	sing agent include	the same	identifyii	ng informatio	on as appears on	
Expedite - Indicate Purchase Order Number or credit card information below				P.O.#				
t or type Authorized Signature of	card holder		Authoriz	zed Sig	nature	(if payin	g by credit card	
Credit Card #		Exp. Date		AM		VISA	Mastercard	
PUBLICATION AND RE	PRINT CHARGES			QTY				
	Estimated Publication (	Charge No. of Pages	3	7	\$	\$0 \$0		
						φυ		
Ordering of reprints const	itutes a legal obligation Reprints without covers							
TO BE COMPLETED	Reprints with covers *		-		_			
BY	Reprints with special co		d by author)					
AUTHOR/INSTITUTION	Additional charges – ai		_					
***************************************	• color figures (invoice	will reflect actual char	rges)		_			
* Minimum order 50 – in lots of 50  ** For orders outside U.S. only. See enclosed tables.				Total	¢			
For orders outside U.S. o	niy. See enclosed tables.			Total	\$ _			
NOTE: Reprints mu	REPRINT ORDE	ER (see enclosed table to a single institution	*	s are no	ot provid	led.		
AIRMAIL Number without covers	Number with	SHIPPING/BILI covers				• •		
SHIP TO	BILL TO		•		1.			
	ZIP Code			ZIP	Code			
Signature of Authorized Agent X_								
Signature of Flathorized Figelit A_								
PLEASE TYPE OR PRINT NA	ME PHON	IE NUMBER	FAX	X NUM	BER			
Print or type Authorized Signature	of card holder		A 116	horizad	Signati	ıra (if nav	ring by credit care	
		Exp. Date		norizea AMEX	Signati Vis.		ang by credit card	
Cicuit Cuiu II				LIVILIA	☐ v13			