

Registration Form for Offline Payment

Please type or print clearly.

Contact Information (required)		
First & Last Name		
Your E-Mail Address		
Telephone		
Street Address		
City		
State/Province		
ZIP/Postal Code		
Country		
Payment Information (required)		
<i>All checks must be in USD and drawn on a US bank.</i>		
Registration Type	<input type="checkbox"/> Member: 185 USD until 17 Sept 210 USD after 17 Sept	<input type="checkbox"/> Nonmember: 245 USD (Coupon Code _____)
Payment Type	<input type="checkbox"/> Check (payable to ISMTE)	<input type="checkbox"/> Credit Card (Visa or MasterCard only)
Card Number		
Expiration Date		
Security Code		
Name on Card		
Signature		

*If you select credit card payment, your credit card will be processed by the ISMTE office through PayPal.
 You will receive an email confirming your registration after payment is processed.*

Please complete the additional information on the next page.

Additional Information (optional)	
Name of Journal	
Company Name	
Editorial Role	<input type="checkbox"/> Managing Editor <input type="checkbox"/> Technical Editor <input type="checkbox"/> Editor-in-Chief <input type="checkbox"/> Associate Editor <input type="checkbox"/> Editorial Assistant/Coordinator <input type="checkbox"/> Director of Publishing <input type="checkbox"/> Production Editor <input type="checkbox"/> Online Editor <input type="checkbox"/> Copyeditor <input type="checkbox"/> Proofreader <input type="checkbox"/> Graphic Designer <input type="checkbox"/> Medical Illustrator <input type="checkbox"/> Writer <input type="checkbox"/> Vendor
Type of Journal	<input type="checkbox"/> Medicine <input type="checkbox"/> Science <input type="checkbox"/> Nursing/ Allied Health <input type="checkbox"/> Humanities <input type="checkbox"/> Veterinary/ Aquaculture <input type="checkbox"/> Agriculture <input type="checkbox"/> Law & Criminology <input type="checkbox"/> Math & Statistics <input type="checkbox"/> Technology <input type="checkbox"/> Business, Finance & Economics
Electronic Manuscript Management	<input type="checkbox"/> Manuscript Central <input type="checkbox"/> Editorial Manager <input type="checkbox"/> Bench Press <input type="checkbox"/> E-Journal Press <input type="checkbox"/> Rapid Review <input type="checkbox"/> Esphere

Please return this completed form along with your payment to:

International Society of Managing & Technical Editors
 1107 Mantua Pike Ste 701 #122
 Mantua, NJ 08051-1606
 United States
 Phone: (+1) 856 292 8512
 Fax: (+1) 856 292 8513
 Email: ismteoffice@gmail.com
 ISMTE Tax ID: 26-0428687