



ASTRONOMICAL SOCIETY OF THE PACIFIC
CONFERENCE SERIES

EDITORIAL OFFICE: MS 179/800 WEST UNIVERSITY PARKWAY ❖ UTAH VALLEY UNIVERSITY ❖ OREM, UT 84058-5999 USA
TEL (801) 863-8804 ❖ WWW.ASPBOOKS.ORG ❖ ASPCS@ASPBOOKS.ORG

PRE-SUBMISSION FORM

Date _____

MEETING INFORMATION:

1. Correct title of the proceedings as it will appear on the volume (Please include subtitles, such as "In Honor of"):
2. Dates when the meeting or conference was held (day/month/year):
3. Location where meeting was held (University or Institution/City/Country):

EDITOR INFORMATION:

4. Editors' names exactly as they are to appear on the **Cover** and the **Title page**, in the correct order:
5. Editors' affiliations in the **exact** order the editors are listed above, including University or Institution, City, and Country (for Title page):
6. ALL Editors' Courier Addresses (FedEx, DHL, UPS), and phone numbers so the 2 complimentary copies can be sent to each editor:
7. ALL Editors' E-mail addresses:
8. Name of Editor to review the proof:

MANUSCRIPT INFORMATION:

9. Total number of pages contained in the front matter (Roman numeral pages):
10. Total number of pages contained in the main text (numerical pages):

FINANCIAL INFORMATION:

11. Will this be a **full color volume** (Yes or No?):
To be printed on digital ink-jet press with glued binding
To be printed on off-set press with stitched binding
12. If this is **not** a full color volume, will cover illustration be printed in **color** at a cost of \$1,000 to be paid for through means found by editors (Yes or No?):
13. Name, address, email address and phone number of person to be invoiced for the \$1,000.00 cost of the **color cover** illustration:
14. If this is **not** a full color volume, please list **all** pages within the volume to be reproduced in **color** at the costs listed in the contract:
15. Names, addresses, and phone numbers and email addresses of authors/editors who will be paying for the **color pages**:
16. Number of volumes to be ordered at the contracted cost:
17. Payment will be made by:
 wire transfer (\$30 wire fee applies) OR check
18. Name, address, phone, and **email address** of the person to invoice for the volumes:

IF MORE THAN ONE INVOICE IS REQUIRED, PLEASE LIST EACH INVOICE SEPARATELY BELOW AND THE AMOUNT TO BE BILLED.

SHIPPING & HANDLING:

19. You will be invoiced for the actual number of books and boxes shipped according to prices in the ASPCS Shipping Addendum and the shipping methods chosen in your mailing list. Please ensure that the mailing list matches the number of volumes ordered in #16 above.
20. Editors or recipient will be responsible for individual book distribution at destination when multiple books are sent to a single address.

WEBSITE ORGANIZATION:

Please select any keywords that apply to your book, from the list below:

- Physical Data and Processes
- Astronomical Instrumentation
- Methods and Techniques
- Astronomical Data Bases

- Information Astrometry
- Celestial Mechanics
- The Sun
- Solar System
- Stars
- Interstellar Medium (ISM)
- Nebulae
- The Galaxy
- Galaxies
- Cosmology
- High Energy
- Radio Education
- Public Outreach
- Multidisciplinary Science from a Specific Project or Instrument
- Tribute to a Person
- Part of a Series
- Other:

VERIFICATION:

I verify that the manuscript will be uploaded to the ASP within 2 weeks of the date at the top of this form.

Name of person submitting verification:
