**2024 Manuscript Payment Form**

**Email:** amca@mosquito.org

**Phone:** (888) 626-0630

**Fax:** (916) 444-7462

***Journal of the American Mosquito Control Association***

One Capitol Mall, Suite 800

Sacramento, CA 95814

**ALL AUTHORS ARE REQUIRED TO PAY FOR THEIR MANUSCRIPTS.**

**PAYMENT MUST BE RECEIVED WITH THIS FORM.** AUTHORS WILL NOT BE ALLOWED TO PUBLISH IN *JAMCA* IN FUTURE ISSUES UNLESS ALL PAYMENTS ARE RECEIVED.

**FORMS MUST BE RECEIVED PRIOR TO:**

**January 15 (March Issue), April 15 (June Issue),**

**July 15 (September Issue), October 15 (December Issue)**

PLEASE MAKE ALL CHECKS PAYABLE TO AMCA. ALL PAYMENTS MUST BE US DOLLARS.

Purchase orders must include the volume, issue number, title of article and author(s).

|  |
| --- |
| **ARTICLE INFORMATION (Please Type or Print)**  |
| VOLUME  | NUMBER  | NO. OF PAGES  | PO #  |
| AUTHOR(S)  |
| TITLE OF ARTICLE  |

|  |
| --- |
| **MANUSCRIPT CHARGE (Must be paid for each article)**  |
| **AMCA Member Rate: $1,000** |
| **Non Member Rate: $1,500** |

|  |
| --- |
| **COST SUMMARY**  |
| Manuscript Charge | $ |
| **TOTAL COST**  | **$**  |
| **CREDIT CARD INFORMATION**  |
| Please charge my: \_\_\_Visa \_\_\_MC \_\_\_ Amex Card No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp.\_\_\_\_\_\_\_\_ Security Code.\_\_\_\_\_\_\_\_\_\_\_\_Name (Please Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **BILLING INFORMATION (please type or print)** |
|

|  |  |
| --- | --- |
| Name: |  |
| Institution: |  |
| Address (city, state, zip, & country): |  |
| Phone #: |  | Fax #:  |
| Email: |  |

 |