



## Letter of Commitment

I \_\_\_\_\_ agree that I am responsible to pay the charges for the printing of color pages as specified below. The AIP invoice should be sent to the billing address provided which I confirm is my current and complete address. Payment of the invoice will be made within 30 days of receipt of the invoice.

**Title of Conference:** \_\_\_\_\_

**Title of Paper:** \_\_\_\_\_

**Authors:** \_\_\_\_\_

**Author Responsible for Payment as undersigned below:** \_\_\_\_\_

**Responsible authors affiliation:** \_\_\_\_\_; **position:** \_\_\_\_\_

### Responsible authors contact information

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Figure numbers to print in color (ex.: Fig. 1, Fig. 2):** \_\_\_\_\_

**Total Number of Pages to Print in Color:** \_\_\_\_\_

**Cost per Color page:** \$ \_\_\_\_\_

**Total Cost to author:** \_\_\_\_\_

**Send invoice to (must include authors name, Department, Institute, street address, city, zip code and country. AIP can not bill to a P.O. Box):**

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Print Name

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Date

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Signature

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Date