

Journals Production
2001 Evans Road
Cary, NC 27513
USA
Fax: +44 (0)1865 355721

This form should be returned at once to the above address

- *Schizophrenia Bulletin*
- **MS number:** to be quoted in all correspondence relating to your paper

A. FREE ONLINE ACCESS TO YOUR PAPER

Details of free online access to your paper will be sent to the corresponding author, who may then circulate them to co-authors.

PLEASE NOTE: OWING TO THE RESOLUTION OF ONLINE FIGURES, COLOUR AND TONE FIGURES PRINTED FROM PDF FILES MAY BE OF LOWER REPRODUCTION QUALITY COMPARED WITH THOSE IN PUBLISHER SUPPLIED PRINTED OFFPRINTS.

B. PURCHASE OF OFFPRINTS

Offprint Price List (£ Sterling UK and Europe; US\$ Rest of World)

No. of copies	1-8 pages			9-16 pages			Every further 8 pages		
	£	\$	Euro	£	\$	Euro	£	\$	Euro
50	163	326	245	204	408	306	41	82	61
100	285	571	428	357	713	535	71	143	107
150	367	734	550	458	917	688	92	183	138
200	448	897	672	560	1121	840	112	224	168
250	530	1060	795	662	1324	993	132	265	199
300	611	1223	917	764	1528	1146	153	306	229
350	652	1304	978	815	1630	1223	163	326	245
400	693	1386	1039	866	1732	1299	173	346	260
450	734	1467	1100	917	1834	1375	183	367	275
500	774	1549	1161	968	1936	1452	194	387	290

Add 100% for any offprints including colour reproduction.

The above are author discount prices. For reprints with covers, industry reprints, reprints intended for commercial use or for quantities more than 500, please contact Oxford Journals for a quotation (email: special.sales@oxfordjournals.org)

I wish to purchase

..... offprints

ADDRESS FOR DELIVERY

(please print in capitals)

E-MAIL ADDRESS

C. PURCHASE OF SINGLE ISSUES

Copies of the issue in which your paper appears are available at a 50% discount on the single issue price (price information can be found on the journal web site).

I wish to purchase
copies of this issue

IMPORTANT

1. Checks should be made payable to Oxford University Press. Payment can also be made via Mastercard, Visa or American Express. Bank transfers of funds in US\$ should be to Wachovia National Bank, Cary Main Financial Center, 1201 Walnut Street, Cary NC 27513, USA, quoting ABA no. 053000219 and account no. 2073089786778. Please quote full payment details. Full payment must be received by the publisher and you must therefore remit sufficient funds to pay all bank handling charges.
2. **Orders from Canada** are subject to a Goods and Service Tax of 6%. This is not included in the prices given on this order form – please ensure payment includes this tax.
3. **Orders from the US states of North Carolina, California, Washington, and Wisconsin** are subject to local sales tax. This is not included in the prices given on this order form – please ensure payment includes this tax. Tax-exempt organizations should send details of exemption.
4. Offprints will not normally be mailed until the publisher is in receipt of either the appropriate payment or an official purchase order.
5. Please complete and return this form at once to Oxford University Press **at the above address** with the official order or the appropriate payment. Please keep a copy for your files. If your official purchase order is to follow at a later date, please return the completed form immediately, and mail a second copy with the official purchase order.
6. This form goes to you only; please ensure that the requirements of all authors are included in your order.
7. **The above are pre-publication prices, and apply only to orders received before the publication goes to press.** We suggest that you order your maximum requirements at this time, and remind you of the copyright nature of the material. For late orders the price will be given on application.
8. Offprints are supplied without covers in the regular size and format of the journal and only in the multiples shown above.
9. Allow eight weeks after issue printing for delivery within the US and twelve to sixteen weeks for delivery outside the US.
10. Claims cannot be considered more than three months after dispatch.

ADDRESS FOR INVOICE

(please print in capitals)

Tel:

- I wish to pay by MasterCard/Visa/
American Express
- My account no. is

Expiry date

.....

If address registered with card company differs from the above please give details.

- Payment enclosed
- Please invoice

Signed

Date / /

