

TOPICAL MEETING PUBLICATION PLAN

Preliminary Plan Final Plan Embedded Topical

Meeting Name: _____

Meeting Location: _____ Meeting Date: _____

Sponsoring Division(s): _____ Sponsoring Section(s): _____

GENERAL CHAIR

Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

PUBLICATIONS CHAIR

Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

PUBLICATIONS PLANNED	<input type="checkbox"/> Abstracts <input type="checkbox"/> Transactions (summaries only) <input type="checkbox"/> Proceedings (full papers) <input type="checkbox"/> CD-Rom (full papers) <input type="checkbox"/> Other: _____ Note: If 2 or more Publications are planned, fill out 1 form for each		FORMAT PLANNED	SIZE <input type="checkbox"/> 8-1/2 in. x 11 in. <input type="checkbox"/> 6 in. x 9 in. <input type="checkbox"/> CD-Rom
	WHO PREPARES	PAPERS <input type="checkbox"/> Camera-ready (from author) <input type="checkbox"/> ANS edit and compose (author pays page charge) <input type="checkbox"/> Other: _____		BINDING <input type="checkbox"/> Stapled <input type="checkbox"/> Perfect <input type="checkbox"/> CD-Rom
COVER, FRONT MATTER, ETC. <input type="checkbox"/> Meeting (Publications Chair) <input type="checkbox"/> ANS (page charge to Meeting) <input type="checkbox"/> Other: _____		RESPONSIBILITY FOR COPYRIGHT	TYPE <input type="checkbox"/> Hard Cover <input type="checkbox"/> Soft Cover <input type="checkbox"/> Journal Publication _____ <input type="checkbox"/> Journal Name: _____ <input type="checkbox"/> CD-Rom	
WHO PRINTS <input type="checkbox"/> Meeting Committee (eg. sponsor) <input type="checkbox"/> ANS-HQ <input type="checkbox"/> Commercial Publ. (name) _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Gov't sponsored, no copyright <input type="checkbox"/> ANS Publication (by ANS-HQ or by <i>Meeting Publications Committee</i>); ANS-HQ procures and retains copyright <input type="checkbox"/> Other: _____			
PLANNED PUBLICATION SCHEDULE	_____ (Date) Calendar Placement _____ Preliminary Approval _____ Final Approval _____ Pre. Publications Plan _____ Final Publications Plan _____ Call for Papers Out _____ Summaries Due _____ Summary Review Completed _____ Papers Selected _____ *Full Papers Due _____ *Full Paper Review Completed _____ Notification to Authors _____ Final full Papers Due to Publisher _____ ISBN Number Obtained _____ Publication Issued _____		PLANS FOR ANS LOGO	<input type="checkbox"/> Obtain logotype from HQ <input type="checkbox"/> Already have logotype _____ <input type="checkbox"/> Other: _____
	*Provide dates if doing summary and full paper review			Note: ANS logo must appear on all ANS sponsored or supported Publications (see Topical Meeting Manual) * International Standard Book Number – Secure from ANS Headquarters.

PUBLICATIONS COST ESTIMATE	PRIMARY DISTRIBUTION	Printing/Publishing Cost _____		PRICING STRATEGY	DIRECT SUPPORT	Sales Price for Primary Distribution _____	
		Distribution Cost _____				Sales Price for Secondary Distribution _____	
		Total Cost _____				Page Charge to Authors _____	
BASIS FOR COST ESTIMATE	No. of Pages in Document		_____	INDIRECT SUPPORT	Identify _____ (Total Funding)		
	No. of Papers Anticipated:		_____		_____		
	No. of Copies for Primary Distribution:		_____		_____		
	Meeting Participants		_____		_____		
	ANS-HQ (5 per Topical Meeting Manual)		_____	PRIMARY DISTRIBUTION	<input type="checkbox"/> Meeting Publications Chair <input type="checkbox"/> Publisher		
	Other Copies		_____		<input type="checkbox"/> Other: _____		
	Total Primary Distribution		_____				
	No. of Copies for Secondary Distribution		_____				
TIME OF PRIMARY DISTRIBUTION	<input type="checkbox"/> At Meeting <input type="checkbox"/> After Meeting months (Mailed)		WHO DETERMINES SALE PRICE	SECONDARY DISTRIBUTION	<input type="checkbox"/> ANS-HQ _____		
	<input type="checkbox"/> Other: _____				<input type="checkbox"/> Other: _____		
WHO MAKES SECONDARY DISTRIBUTION	<input type="checkbox"/> ANS Sales _____		PURCHASING STRATEGY	<input type="checkbox"/> Included in Registration Fee <input type="checkbox"/> Option to Purchase at Meeting <input type="checkbox"/> Purchase through ANS-HQ			
	<input type="checkbox"/> Other: _____			<input type="checkbox"/> Other: _____			

Comments: _____

Send copies of the completed form to the ANS Manager of Scientific Publications, Meetings Proceedings and Transactions Committee Chair, and the National Program Committee Chair.

Copies of completed form must be received by the ANS Manager of Scientific Publications at least three (3) weeks prior to the Screening Subcommittee meeting at which topical meeting preliminary approval is requested.