

ERJ Open – author publication charge form

This form should be completed and sent only after your manuscript has been accepted for publication.

If you wish to pay to make your *European Respiratory Journal* article freely accessible to online readers using ERJ Open, please complete this form and return it to the address below once your article has been accepted for publication. At the same time as publishing your article in the *ERJ*, the European Respiratory Society Publications office will deposit a copy of your article in PubMed Central.

- **Standard option**

The standard ERJ Open service costs €2000. Articles will be published under a CC-BY-NC 4.0 copyright licence. Authors may pay the article charge themselves or provide billing details of funders who have agreed to pay on their behalf. If the person or organisation paying the fee is based in the European Union, VAT may be payable.

- **Mandated option**

A number of funding bodies now mandate that open access articles be published under a CC-BY 4.0 copyright licence. ERS makes this service available to authors whose funding body requires it, at a cost of €3000. To qualify, the funder must be among those listed at erj.ersjournals.com/authors/cc-by-funders

More detailed information on ERJ Open and our copyright licensing can be found at:
erj.ersjournals.com/authors/instructions#OPEN_ACCESS

Please fill in and send this form to the European Respiratory Society as soon as possible after your manuscript is accepted. Email it to info@ersj.org.uk, with the subject line “ERJ Open APC form”.

For any other enquiries about ERJ Open, please e-mail info@ersj.org.uk or telephone us on +44 (0)114 267 2860

Please complete this form in **BLOCK CAPITALS** or fill it in electronically

Author names: _____

Manuscript title: _____

Manuscript no.: _____

Which option do you require?

Standard option

Mandated option* Funder name: _____

**See notes above regarding eligibility for mandated option*

Author contact details

Name: _____

Address: _____

Postcode/Zip: _____

E-mail address: _____

Payer contact details (if different from above)

Name of contact: _____

Name of paying organisation (if applicable): _____

Invoicing address: _____

_____. Postcode/Zip: _____

E-mail address: _____

VAT registration no (if applicable): _____

Payment method

Please send an invoice (quoting purchase order no. _____)

I will pay by cheque. Cheques should be payable to European Respiratory Society and sent with a copy of this form to ERS, 442 Glossop Road, Sheffield, S10 2PX, United Kingdom.

I will pay by credit card. Please complete the separate credit card form.

Date: _____