



European Society for Dermatology and Psychiatry

APPLICATION FORM FOR REFUND OF A PUBLICATION FEE FOR A SCIENTIFIC ARTICLE
IN ACTA DERMATO-VENEREOLOGICA.

1) The undersigned member in good standing of the European Society for Dermatology and Psychiatry has submitted a manuscript to the Journal Acta Dermatovenereologica which has been accepted for publication and of which the ESDaP member is the first author.

2) She/he acknowledges that a refund of publication costs is possible only if

a) Acta Dermato-Venereologica has already issued an invoice for the publication costs and the lapse of time between the date of such invoice and the date of the application for refund does not exceed 6 (six) months.

b) The lapse of time between the date of the application for ESDaP membership and the date of the invoice is of at least 18 months.

c) For the five years preceding the date of application for publication costs refund the following is fulfilled: Between the date of application for ESDaP membership and the date of application for publication cost refunds the member has never failed to pay her/his membership dues.

3) She/he further acknowledges that the Executive Committee may refuse without further justification to proceed with the refund of publication costs if a certain sum has already been spent during the current year for the same purpose for other ESDaP members, whereby it remains at the discretion of the Executive Committee to establish the precise expenditure threshold at the beginning of each year. Also, she/he acknowledges that other restrictions may apply at the discretion of the Executive Committee if required by the circumstances.

4) She/he finally acknowledges that each refund cannot exceed the amount of 750 Euro.

Under the terms set above the undersigned member applies for a refund of

Euro _____ (in letters _____ Euro)

for the publication of the manuscript entitled:

PLEASE NOTE: Both enclosures mentioned underneath and a completely filled out application form are required in order to make it possible for the application to be processed.

Place and date:

Signature of the member:

Name and Surname:

Membership number:

Date (or at least year) of application for ESDaP membership:

Email address:

Enclosures required:

- 1. Complete text of the accepted manuscript (if possible in ACTA D-V proof form)**
- 2. Copy of the invoice issued by the journal for the publication costs**