

MANUSCRIPT TRANSMITTAL FORM

*** A signed Copyright Transfer Statement should be supplied with the manuscript ***

Journal Title:
Abbreviation:

Manuscript Nr:
Authors:

Send proofs to:

MS received on:
MS revised on:
MS accepted on:

Manuscript Title:
Author:
Affiliation:

Contact information for proofreading and communication:

Postal address:

Telephone:
Fax:

E-mail:

Manuscript comprises:

Pages
Tables
Line figures
B&W photos
Colour photos

Special Issue: No Yes: Guest-editor:

Postal address:

E-mail:

Proofs to guest-editor: Yes No

Remarks for desk editor/typesetter: