


Postage (priority/air mail) and handling: add for each of ISOPE-91~ISOPE-2001 and ISOPE-SOSC (PACOMS-94), ISOPE PACOMS, EUROMS, IDOT and OMS Proceedings orders.

- A set USA $25 Canada $40 Other countries variable
- A volume USA $15 Canada $30 Other countries $45

ISOPE Conference and Symposium Proceedings CD-ROM: Priority (USA) and Express

- A set USA $10 Other countries $40

How To Order

To order, write down ISBN and the Proceedings title or circle or check on Journal, enclose the correct amount of payment or purchase order, and send to:

ISOPE Order Department
495 North Whisman Road, Suite 300
Mountain View, California 94043-5711, USA
Fax 1-650-254-2038; Phone 1-650-254-1871; E-mail: orders@isope.org; www.isope.org > publications > orders

☐ Member rate ISOPE Member No. _______  ☐ Non-member rate

☐ International Journal of Offshore and Polar Engineering

☐ ISBN __________________ or Proceedings Title ________________________________

☐ ISBN __________________ or Proceedings Title ________________________________

To order individual paper(s) in PDF format at $20 per PDF file, order online from http://www.onepetro.org. Abstract pages of all ISOPE publications can be viewed at http://www.isope.org/proceedings/ and http://www.isope.org/ijope/.

Method of Payment: Advance payment must accompany order (including the postage and handling charge above for proceedings.) International money order in U.S. dollars, bank checks in U.S. dollars drawn on a U.S. bank (payable to ISOPE), or credit card (Visa, MasterCard or Amex) will be accepted. Remit with the mailing address including the postal (or zip) code for shipping.

☐ International money order in U.S. dollars (payable to ISOPE) is enclosed.

☐ Bank check in U.S. dollars through a U.S. bank (payable to ISOPE) is enclosed.

☐ Paying by a credit card (Visa, MasterCard, or Amex)

Cardholder’s Name ____________________ Cardholder’s E-mail ____________________

If paying by a credit card, an email invoice through Authorize.net with a secure link will be sent to the cardholder to make the payment. The cardholder will receive an e-receipt upon successful payment.

Phone _______________ Date of order _______________

SHIP TO Name ____________________ Dept. __________________

Company _________________________

Address __________________________

City ____________________________ State (Province) _______________________

Country _________________________ Postal (or Zip) Code ____________________