

3rd Millennium Science Manuscript Submission Form

Each author of an article must fill in his/her own manuscript submission form.

1. First Name(s): _____
2. Middle Names: _____
3. Surname(s): _____
4. Professional Title(s): _____
5. Department (if applicable): _____
6. Address: _____
7. Zip code and City: _____
8. State/Province and Country: _____
9. Phone: _____
10. Cell Phone: _____
11. E.mail Address: _____
12. Additional E.mail Address: _____
13. Associated Department/University: _____
14. Address of Associated Department: _____
15. Organizational Affiliation: _____
16. Address of Organizational Affiliation: _____
17. Concisely Summarize your Speciality: _____
18. Concisely Summarize the Papers Value: _____
19. Briefly Relate to your Studies: _____
20. Briefly Relate to Previously Published Work: _____
21. Statement of Financial Interests: _____
22. Type of Article: _____
23. Submitted Manuscript Title: _____

I hereby agree to submit the article described above and for which I am an author.

Signature: _____ Date: _____

(Attach additional page(s) if needed.)