Neurology® Journals Comment Submission

NCP

NN

NG

Neurology

SELECT ONE:

Title of Published Paper
Author of Comment
Your Last Name
Please save this form under a different filename and e-mail as an attachment to: kpieper@neurology.org.
PUBLISHING AGREEMENT
1. I verify that I have read the publishing agreement here: https://www.neurology.org/eLetters/pubagreement
EMPLOYEE STATUS
2. CHECK ONE (a, b, or c) OF THE BOXES BELOW (REQUIRED)
Note to United States Government Employees : If Author prepared (or participated in the preparation of) the Work as part of his or her official duties as an officer or employee of the United States Government, the following limitations apply: Author cannot and does not agree to (1) transfer copyright to the AAN (if option 1 under the copyright section applies) or (2) indemnify AAN, WKH, and AAN's and WKH's officers, directors, employees, and agents. If option 2 under the copyright section applies, Author grants the license to AAN to the fullest extent he or she is legally able to.
Select the applicable statement:
a. I am an Author of this Work, and the Work was prepared on my own time - not as part of my duties as an employee.
-OR-
b. I prepared (or cooperated in the preparation of) the Work as part of my duties as an employee, and the Work is, therefore, a "work made for hire," as defined by the United States Copyright Act of 1976, as amended.
-OR-
c. I prepared (or participated in the preparation of) the Work as part of my official duties as an officer or employee of the United States Government.
DISCLOSURE AGREEMENT
3. I verify that my Disclosures are up to date. My online disclosure form is here: https://submit.neurology.org .
ELECTRONIC SIGNATURE
4. I verify that I have read the Publishing Agreement form and verify the accuracy of all checked statements above.
Enter your name preceded and followed by the forward slash symbol [/], (e.g.,/John Doe/).
SIGNATURE DATE