

Instruction EES

System EES

SUBMISSION OF

<http://ees.elsevier.com/poamed/>

1. Register in EES.

To register please go to <http://ees.elsevier.com/poamed/>

The screenshot shows the homepage of the Polish Annals of Medicine. At the top, there is a navigation bar with links for 'home', 'main menu', 'submit paper', 'guide for authors', 'journal info', 'register', and 'log in'. A red arrow points to the 'register' link. Below the navigation bar, there is a main content area with a welcome message and a 'Hints' section. On the right side, there are three vertical panels: 'Author Information', 'Reviewer Information', and 'Editor Information', each with a 'Log In' button and a list of links.

Please choose option Register. In new window please provide: first name, last name and email address. :

The screenshot shows the 'Pre-registration Page' on the Polish Annals of Medicine website. The page has a header with the journal name and navigation links. The main content area is titled 'Pre-registration Page' and includes a 'Guide to registering' section. Below this, there is a registration form with three input fields: 'First Name*', 'Last Name*', and 'E-mail Address*'. A warning message is displayed below the form, and there are three buttons at the bottom: 'Cancel', 'Forgotten Username/Password?', and 'Continue >>'. The footer contains links for 'Help', 'Privacy Policy', 'Terms and Conditions', and 'About Us'.

Please use only diacritical marks

Next click Continue.

Please fill in the form and click Continue.

Personal Information

Title * (Mr., Mrs., Dr., etc.)

First Name *

Middle Name

Last Name *

Degree (Ph.D., M.D., Jr., etc.)

Preferred Name (nickname)

Primary Phone * (including country code)

Secondary Phone (including country code)

Secondary Phone is for Mobile Beeper Home Work Admin. Asst.

Fax Number (including country code)

E-mail Address *

If entering more than one e-mail address, use a semi-colon between each address (e.g., joe@thejournal.com;joe@yahoo.com)

Institution Related Information

Position

Institution

Department

Street Address *

City *

State or Province

Zip or Postal Code

Country *

Address is for * Work Home Other

Available as a Reviewer? Yes No

Please indicate your areas of expertise by clicking the button(s) below and entering the requested information on the following screen.

Personal Classifications (None Selected)

[Insert Special Character](#)

Choose A User Name

The username you choose must be unique within the system.
If the one you choose is already in use, you will be asked for another.

Enter preferred user name *

Once you have filled in the required information, click the button below.

2. Log in

Click on Log in and type your username and password.

home | main menu | submit paper | guide for authors | journal info | register | log in

Login
[Guide to logging in](#)

Please Enter the Following

Username:

Password:

[Insert Special Character](#)

[Author Login](#) [Reviewer Login](#) [Editor Login](#) [Publisher Login](#)

[Forgotten Username/Password](#) [Register Now](#) [Login Help](#)

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For instructions on each specific step in the submission process, please refer to the *articles* below:

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