Listed below are the companies that have advertised in this issue. Simply circle the numbers of those companies you are interested in, fill out the information below, and mail or FAX this to the Society of Nuclear Medicine, Advertising Department, 1850 Samuel Morse Drive, Reston, VA 20190, Fax 703-708-9015. We will forward this information to the advertiser(s).

<table>
<thead>
<tr>
<th>Reader Svc. No.</th>
<th>Advertiser</th>
<th>Telephone No.</th>
<th>Page(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>Capintec, Inc.</td>
<td>201/825-9500</td>
<td>2A</td>
</tr>
<tr>
<td>34</td>
<td>Du Pont Pharma</td>
<td>800/343-7851</td>
<td>4A-6A</td>
</tr>
<tr>
<td>50</td>
<td>Fujisawa USA, Inc.</td>
<td>800/888-7704</td>
<td>11A-12A</td>
</tr>
<tr>
<td>62</td>
<td>GE Medical Systems</td>
<td>414/544-3435</td>
<td>Back Cover</td>
</tr>
<tr>
<td>110</td>
<td>Mallinckrodt Medical, Inc.</td>
<td>314/895-2000</td>
<td>15A and 16A</td>
</tr>
<tr>
<td>181</td>
<td>Siemens Medical Systems</td>
<td>847/304-7700</td>
<td>Inside Front Cover and 1A</td>
</tr>
</tbody>
</table>

☐ SNM Meetings ☐ SNM Membership Information ☐ SNM Book Order Information

YOUR NAME: ___________________________________________ TITLE: ____________________________

INSTITUTION: ___________________________________________ DEPT: ____________________________

ADDRESS: ____________________________________________________________________________

CITY: ____________________________ STATE: ____________________________ ZIP: _________________

PHONE: ____________________________ FAX: ____________________________

PRIMARY SPECIALTY: ____________________________ SECONDARY SPECIALTY: ____________________________

CHECK ONE ANSWER IN EACH CATEGORY

Employer
- ☐ Hospital
  - ☐ 500 patients plus
  - ☐ 300-499 patients
  - ☐ 200-299 patients
  - ☐ 100-199 patients
- ☐ Private Clinic
- ☐ R&D Commercial
- ☐ University
- ☐ Government
- ☐ Other

Employer
- ☐ Private Clinic
- ☐ R&D Commercial
- ☐ University
- ☐ Government
- ☐ Other

Purchase Authority
- ☐ Recommend
- ☐ Specify
- ☐ Purchase

Reason for Inquiry
- ☐ Immediate Purchase
- ☐ General Information
- ☐ Budgeting Information

SNM Member
- ☐ Yes
- ☐ No

JNM/JNMT Subscriber
- ☐ Yes
- ☐ No