

# JNM

## DIRECT RESPONSE

Advertisers for March 1996

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 22090-5316, Fax 703-708-9015. We will forward this information to the advertiser(s).

Deadline for response is: April 15, 1996.

| Reader Svc.No. | Advertiser                    |                     | Telephone No. | Page(s)                   |
|----------------|-------------------------------|---------------------|---------------|---------------------------|
| 23             | Capintec, Inc.                | Ramsey, NJ          | 800/631-3826  | 2A                        |
| 27             | Consultec Scientific          | Knoxville, TN       | 800/269-4333  | 22A                       |
| 28             | Cytogen Corporation           | Princeton, NJ       | 609/987-8200  | 18A                       |
| 34             | Du Pont                       | No. Billerica, MA   | 800/343-7851  | 6A-8A                     |
| 42             | Elscont, Ltd.                 | Hackensack, NJ      | 800/228-7226  | 10A                       |
| 50             | Fujisawa USA, Inc.            | Deerfield, IL       | 708/317-8633  | 13A and 14A               |
| 181            | Siemens Medical Systems, Inc. | Hoffman Estates, IL | 708/304-7252  | Inside Front Cover and 1A |
| 187            | SMV America                   | Twinsburg, OH       | 800/852-6924  | Inside Back Cover         |
| 192            | Toshiba Medical Systems       | Tustin, CA          | 800/521-1968  | Back Cover                |
| 215            | Wick Publishing               | Englewood, CO       | 303/782-5208  | 22A                       |

SNM Meetings
  Nuclear Medicine Week Information
  SNM Membership Information
  SNM Book Order Information

YOUR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 INSTITUTION: \_\_\_\_\_ DEPT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
 ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### CHECK ONE ANSWER IN EACH CATEGORY

#### Employer

- Hospital
  - 500 patients plus
  - 300-499 patients
  - 200-299 patients
  - 100-199 patients

#### 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