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: 703-708-9018. 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>1</td>
<td>ADAC Laboratories</td>
<td>800/538-8531</td>
<td>Back Cover</td>
</tr>
<tr>
<td>9</td>
<td>Berlex Laboratories</td>
<td>510/262-5000</td>
<td>11A-12A and Inside Back Cover</td>
</tr>
<tr>
<td>12</td>
<td>Biodex Medical Systems</td>
<td>516/924-9000</td>
<td>23A</td>
</tr>
<tr>
<td>23</td>
<td>Capintec, Inc.</td>
<td>201/825-9500</td>
<td>2A</td>
</tr>
<tr>
<td>50</td>
<td>Fujisawa Healthcare, Inc.</td>
<td>800/888-7704</td>
<td>28A-30A</td>
</tr>
<tr>
<td>62</td>
<td>GE Medical Systems</td>
<td>414/544-3435</td>
<td>6A-7A</td>
</tr>
<tr>
<td>110</td>
<td>Mallinckrodt Medical, Inc.</td>
<td>314/895-2000</td>
<td>15A-16A</td>
</tr>
<tr>
<td>122</td>
<td>Medimage, Inc.</td>
<td>734/665-5400</td>
<td>34A</td>
</tr>
<tr>
<td>125</td>
<td>MIE America, Inc.</td>
<td>847/981-6100</td>
<td>25A</td>
</tr>
<tr>
<td>135</td>
<td>Nycomed Amersham</td>
<td>800/643-6439</td>
<td>11A-12A and 19A-20A</td>
</tr>
<tr>
<td>181</td>
<td>Siemens Medical Systems</td>
<td>847/304-7700</td>
<td>Inside Front Cover and 1A</td>
</tr>
<tr>
<td>215</td>
<td>Wick Publishing</td>
<td>303/782-5208</td>
<td>34A</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
☐ Private Clinic
☐ University
☐ Other
☐ 500 patients plus
☐ R&D Commercial
☐ Government
☐
☐ 300-499 patients
☐ University
☐ Other
☐
☐ 200-299 patients
☐ Government
☐ Other
☐
☐ 100-199 patients
☐ Other
☐ Other
☐

Purchase Authority
☐ Recommend
☐ Specify
☐ Budgeting Information
☐ Yes
☐ Yes
☐ No
☐ Yes
☐ No
☐ Purchase
☐ Immediate Purchase
☐ General Information
☐ Other
☐ Other
☐ Other
☐ Other

Reason for Inquiry
☐ Yes
☐ No

JNNM/UNMT Subs: