



Health Professions Network Reply Form

Yes, my organization is interested in attending the next HPN meeting in St. Louis, MO, October 22-25, 2008. Please enclose a **\$200.00/person** registration fee for each individual attending the meeting. Make **checks payable** to the **Society of Nuclear Medicine**, and please indicate that the check is for the HPN in the memo section.

At this time we anticipate the following individual(s) will attend:

Name: _____ Title: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

This person is a first time attendee: Yes No

Name: _____ Title: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

This person is a first time attendee: Yes No

Please list the top issues affecting your profession, organization or association below:

Housing Request: Non-smoking Smoking

Do wish to extend your stay? Yes No If so, what will be the dates of your stay? _____
_____ (Please note that if you wish to extend your stay you will be responsible for the extra days of stay.

Sorry, my organization's President, Executive Director or delegate cannot come to the HPN Meeting.

Person's full name filling out this form: _____

HPN Scholarship Contribution

(Suggested Amount \$25-\$50)

Yes I would like to contribute to the HPN Scholarship in the amount of \$ _____.

Total Amount Enclosed \$ _____