



## Health Professions Network Reply Form

Yes, my organization is interested in attending the next HPN meeting in Atlanta, GA, March 16-19, 2006. At this time we anticipate the following individual(s) will attend:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

This person is a first time attendee: Yes \_\_\_\_ No \_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

This person is a first time attendee: Yes \_\_\_\_ No \_\_\_\_

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

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Housing Request:  Non-smoking  Smoking

Do wish to extend your stay? If so, what will be the dates of your stay? \_\_\_\_\_

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

Person filling out this form: \_\_\_\_\_

*Please enclose a **\$150/person registration fee** for each individual attending the meeting. Make checks payable to the Society of Nuclear Medicine, and indicate that the check is for the HPN meeting.*

### HPN Scholarship Contribution

(Suggested Amount \$25-\$50)

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

**Total Amount Enclosed** \_\_\_\_\_

*Send form and payment—by **March 1, 2006**—to:*

*HPN 2006 Meeting • c/o Society of Nuclear Medicine • 1850 Samuel Morse Drive • Reston, VA 20190*