

Health Professions Network
Reply Form
Please return by September 15, 2004

[] Yes, my organization is interested in attending the next Network meeting in Salt Lake City, UT, September 30 – October 3, 2004. At this time, we anticipate the following individuals 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 enclose a \$75 registration fee for each individual attending. Make checks payable to the *Society of Nuclear Medicine*, and indicate that check is for the HPN meeting.

Total Amount Enclosed _____

[] Sorry, my organization's President, Executive Director or delegate cannot come to the Health Professions Network Meeting.

Person filling out form: _____

Send to:
Virginia Pappas, CAE
Society of Nuclear Medicine
1850 Samuel Morse Drive
Reston, Virginia 20190
Phone: (703) 708-9000, ext. 1241
Fax: (703) 708-9020