

## 3DVIEWNIX ORDER FORM

Your Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

### Description of Platform and Environment:

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Memory: \_\_\_\_\_

Operating System, Version No.: \_\_\_\_\_

Window Manager: \_\_\_\_\_

Visual Class:  8-bit GrayScale  8-bit PseudoColor  24-bit DirectColor

### Medium Required:

- Sun 1/4" Cartridge
- Sun 1/2" Tape
- Sun 4mm Dat Tape
- SGI 1/4" Cartridge
- SGI 4mm Dat Tape
- SGI 8mm Tape
- FTP - Specify login name: \_\_\_\_\_ password: \_\_\_\_\_ directory \_\_\_\_\_  
(please do not specify an account that is in public domain.)

I have enclosed a check for \$1,000.00 made payable to **RADIOLOGY ASSOCIATES**, University of Pennsylvania.

Please bill me. I will send payment after receiving invoice.