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.