ACADEMIC/NON-PROFIT SOFTWARE DEMONSTRATIONS

CONTACT INFORMATION (Please print clearly)

Organization Name:_____________________________________________________
Address_________________________________________________________________
City: ______________________________ State/Province:_____________________
Country:___________________________ Postal Code:_______________________

Contact Person Name:___________________________________________________________________________
Daytime Phone:_________________________________ Fax:________________________________
E-mail:____________________________________

Please indicate exactly how you want your name or your organization's name listed in all printed materials ____________________________________________________________________________

We request ☐ One (1) ☐ Two (2) hours of Software Demonstration time.

We require the following computer platforms
☐ Unix ☐ Mac ☐ PC/Windows
☐ We will be providing our own equipment
☒ We will not be providing our own equipment

Please return this form to:

Giri Chukkpalli, ISMB2000
SDSC, MC 0505
9500 Gilman Drive
La Jolla, California 92039
(858) 534-5117 fax

This form must be returned by July 3, 2000.