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**1997 Most Innovative New Products Awards Reply Card**

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

Company: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Table:  yes  no Total Fee: \_\_\_\_\_

Check enclosed  Bill my credit card: Visa/Mastercard/Discover  
(circle one)

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Names of additional attendees

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_