



Society for Whole Body Autoradiography Membership Form

Last Name: _____ (Circle Title: *Mr, Mrs, Ms, Miss, Dr, Prof*)

First name: _____

Company: _____

Address:

Telephone no: _____

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Send Membership via FAX, Email or Postal Mail to:

Marissa Vavrek, Secretary for SWBA
Merck & Co., Inc.
WP 75B-200
770 Sunneytown Pike
West Point, PA 19486

FAX: 215-993-1245

E-mail: : marissa_vavrek@merck..com

Questions??? Please contact Marissa Vavrek at 215-652-3238

Note for Email/Fax: Enter "SWBA Membership" for the Subject Entry