



**SPECIAL INVITATION:
FREE ONE-DAY
EXHIBIT HALL PASS**

COMPLETELY FILL OUT THIS REGISTRATION FORM

SPECIAL INVITATION COMPLIMENTS OF:

ASNT Member Number: _____ Non-member: First-Time attendee:
Last Name _____ First Name _____
Company Name _____
Mailing Address _____
City _____ State _____ Zip+4/Postal Code Country _____
Phone _____ Fax _____
Email _____

**Complete and fax to 614/274-6899
or bring to the registration desk at
the Conference**

1. **Years of Experience in NDT** 0-5 6-10 11-15 16-20 21 & over
2. **Your Job Function—Choose the one which best describes your role. (Select all that apply)**

- NDT Management
- Sales/Marketing
- Quality Management
- Researcher
- Engineer
- Academic/Educator
- Technician/Inspector
- Trainer/Instructor
- Consultant
- Student

3. Purchasing Responsibility (Select all that apply)

- I recommend/approve purchase of equipment/instruments/supplies
- I recommend/approve purchase of training & study materials/programs
- I recommend purchase of services
- I am not involved in purchasing

4. With which NDT method(s) do you work? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Acoustic Emission | <input type="checkbox"/> Radiography |
| <input type="checkbox"/> Liquid Penetrant | <input type="checkbox"/> Infrared & Thermal |
| <input type="checkbox"/> Alternating Current Field Measurement | <input type="checkbox"/> Ultrasonics |
| <input type="checkbox"/> Magnetic Flux Leakage | <input type="checkbox"/> Laser |
| <input type="checkbox"/> Magnetic Particle | <input type="checkbox"/> Vibration Analysis |
| <input type="checkbox"/> Electromagnetic/Eddy Current | <input type="checkbox"/> Leak |
| <input type="checkbox"/> Neutron Radiography | <input type="checkbox"/> Visual |
| <input type="checkbox"/> Ground Penetrating Radar | |

5. Choose the one business industry segment that best describes your company. (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Aerospace/Aviation/Aircraft | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Amusement Rides & Skiing | <input type="checkbox"/> Nuclear |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Optical |
| <input type="checkbox"/> Chemical & Petroleum | <input type="checkbox"/> Ordnance |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Pipeline |
| <input type="checkbox"/> Commercial Labs | <input type="checkbox"/> Pulp/Paper |
| <input type="checkbox"/> Infrastructure (Roads & Bridges) | <input type="checkbox"/> Railroad |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Semi-Conductor |
| <input type="checkbox"/> Marine | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Computer Hardware | <input type="checkbox"/> Research |
| <input type="checkbox"/> Computer Software | <input type="checkbox"/> Robotics |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Supplies |
| <input type="checkbox"/> Distributor/Manufacturers' Representative | <input type="checkbox"/> Training |
| <input type="checkbox"/> Equipment | |

6. Choose the primary type of application of NDT that you do? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Design and Failure Analysis | <input type="checkbox"/> Product Life Extension |
| <input type="checkbox"/> Field Inspection | <input type="checkbox"/> QA/QC Reliability |
| <input type="checkbox"/> Incoming Inspection | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> In-service, Plant/Operation Maintenance & Process Control | |