

Payment must accompany form. Please print or type.

Last Name	First Name	MI	ASNT Member #
Company Name			Country of Citizenship
Mailing Address			
	<input type="checkbox"/> Work	<input type="checkbox"/> Home	
City	State	Zip+4/Postal Code	Country
Phone	Fax	E-Mail Address (<input type="checkbox"/> Please do not give my e-mail address to exhibitors)	

Please check all that apply:

Type of Business: <input type="checkbox"/> Commercial Lab Ind. <input type="checkbox"/> Consultant <input type="checkbox"/> Education <input type="checkbox"/> Government <input type="checkbox"/> Industry <input type="checkbox"/> Research <input type="checkbox"/> Sales <input type="checkbox"/> Training Purchasing Responsibility <small>(I approve/recommend purchase of):</small> <input type="checkbox"/> Equipment/Instruments <input type="checkbox"/> Training <input type="checkbox"/> Study Material <input type="checkbox"/> Services	Working Category: <input type="checkbox"/> Consultant <input type="checkbox"/> Educator <input type="checkbox"/> Engineer <input type="checkbox"/> Instructor <input type="checkbox"/> Management <input type="checkbox"/> Researcher <input type="checkbox"/> Sales/Marketing <input type="checkbox"/> Student <input type="checkbox"/> Supervisor <input type="checkbox"/> Technician Level of Certification: <input type="checkbox"/> None <input type="checkbox"/> Level II <input type="checkbox"/> Level I <input type="checkbox"/> Level III	Areas of Activity: <input type="checkbox"/> Aerospace <input type="checkbox"/> Nonferrous Metals <input type="checkbox"/> Automotive <input type="checkbox"/> Nonmetallics <input type="checkbox"/> Chemical and Petroleum <input type="checkbox"/> Nuclear <input type="checkbox"/> Ordnance <input type="checkbox"/> Electronics <input type="checkbox"/> Railroad <input type="checkbox"/> Marine <input type="checkbox"/> Utilities <input type="checkbox"/> Materials Joining <input type="checkbox"/> Ferrous Metals <input type="checkbox"/> Other _____	NDT Methods: <input type="checkbox"/> Acoustic Emission <input type="checkbox"/> Radiography <input type="checkbox"/> Electromagnetic <input type="checkbox"/> Thermal Infrared <input type="checkbox"/> Leak <input type="checkbox"/> Ultrasonics <input type="checkbox"/> Liquid Penetrant <input type="checkbox"/> Vibration Analysis <input type="checkbox"/> Magnetic Particle <input type="checkbox"/> Visual <input type="checkbox"/> Neutron Radiography	Application of NDT: <input type="checkbox"/> Calibration <input type="checkbox"/> Process Control <input type="checkbox"/> Production <input type="checkbox"/> Design <input type="checkbox"/> QA/QC Reliability <input type="checkbox"/> Failure Analysis <input type="checkbox"/> Field Services <input type="checkbox"/> Research <input type="checkbox"/> Incoming Inspection <input type="checkbox"/> In-Service <input type="checkbox"/> Plant or Operations Management <input type="checkbox"/> Other _____
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Is this your first ASNT Conference? Yes No

CONFERENCE REGISTRATION						
	MEMBER			NONMEMBER		
	Code	Advance	After Feb. 25	Code	Advance	After Feb. 25
Full Conference Registration						
Regular Registration	FC	<input type="checkbox"/> \$310	<input type="checkbox"/> \$395	FCN	<input type="checkbox"/> \$410 <input type="checkbox"/> \$495	<small>Does not include one year membership. Please see New Member option.</small>
New Member Option ²	FCW	<input type="checkbox"/> \$410	<input type="checkbox"/> \$495	FCS	<input type="checkbox"/> \$ 45 <input type="checkbox"/> \$ 45	
Student Member ³	FCS	<input type="checkbox"/> \$ 30	<input type="checkbox"/> \$ 30	FCR	<input type="checkbox"/> NA <input type="checkbox"/> NA	
Retired Member	FCR	<input type="checkbox"/> NC	<input type="checkbox"/> NC			
One Day Registration		<input type="checkbox"/> \$175	<input type="checkbox"/> \$205		<input type="checkbox"/> \$205 <input type="checkbox"/> \$250	
Specify Day ODT <input type="checkbox"/> Tuesday ODW <input type="checkbox"/> Wednesday ODR <input type="checkbox"/> Thursday						

SPOUSE / COMPANION REGISTRATION	
	No. of Tickets
Spouse / Companion Registration ^{CR} <input type="checkbox"/> \$ 40 _____	
Spouse / Companion Name _____	

TOUR/EVENT REGISTRATION		
	No. of Tickets	
Industry Tour	TA	<input type="checkbox"/> \$ 20 _____
Portland City Tour	TB	<input type="checkbox"/> \$ 35 _____
Columbia Gorge	TC	<input type="checkbox"/> \$ 35 _____

SHORT COURSE REGISTRATION						
See Registration Policies for more information. ⁴	MEMBER			NONMEMBER		
	Code	Advance	After Feb. 25	Code	Advance	After Feb. 25
Monday: 8:30am-12:30pm - Course A	SCA	<input type="checkbox"/> \$155	<input type="checkbox"/> \$165	SCA	<input type="checkbox"/> \$165	<input type="checkbox"/> \$175
Monday: 1-5pm - Course B	SCB	<input type="checkbox"/> \$155	<input type="checkbox"/> \$165	SCB	<input type="checkbox"/> \$165	<input type="checkbox"/> \$175
Tuesday: 1-5pm - Course C	SCC	<input type="checkbox"/> \$155	<input type="checkbox"/> \$165	SCC	<input type="checkbox"/> \$165	<input type="checkbox"/> \$175
Wednesday: 1-5pm - Course D	SCD	<input type="checkbox"/> \$155	<input type="checkbox"/> \$165	SCD	<input type="checkbox"/> \$165	<input type="checkbox"/> \$175
Thursday: 8:30am-12:30pm-Course E	SCE	<input type="checkbox"/> \$155	<input type="checkbox"/> \$165	SCE	<input type="checkbox"/> \$165	<input type="checkbox"/> \$175

Registration Policies: ¹Full Conference registrations include research symposium, tabletop exhibits, welcome party and abstract book. One day registrations receive the same as full conference registrations on registered day only. Spouse / companion registration, tours and events, short courses and post-conference seminar requires additional fees. ²New member option includes one-year individual membership to ASNT. ³Student nonmember price includes one-year student membership to ASNT. Proof of enrollment required. ⁴Short Courses include course materials, and CEUs. ⁵Post-Conference Seminar includes CEUs, lunch, coffee breaks, program and abstract book. Presentation or handout materials will be provided to attendees at the discretion of the presenter. ⁶Advanced registration is suggested for Tours/Events. Tours may not be available on-site and are subject to space availability. Payment required with registration. Transportation included where applicable. All sales final, no refunds or exchanges. Lost or stolen items will not be refunded. **Payment must accompany form and be received on or before Feb. 25, 2002 to receive advance fees.** Increased fees effective after Feb. 25, 2002. Forms received without payment will not be processed. ASNT will accept federal government purchase orders only. ASNT does not accept foreign currency. All checks must be drawn in US funds through US banks. **Cancellation policy** - All cancellations must be requested in writing. Cancellations received on or before March 4, 2002 are subject to a \$100 service charge. No refunds after March 4, 2002. No-shows (no cancellations) are not entitled to a refund.

POST-CONFERENCE SEMINAR REGISTRATION						
See Registration Policies for more information. ⁵	MEMBER			NONMEMBER		
	Code	Advance	After Feb. 25	Code	Advance	After Feb. 25
Friday - Implementing the 2001 Edition of the SNT-TC-1A	PCS	<input type="checkbox"/> \$205	<input type="checkbox"/> \$225	PCS	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250
	PCS/STUDENT	<input type="checkbox"/> \$ 55	<input type="checkbox"/> \$ 65	PCS/STUDENT	<input type="checkbox"/> \$ 55	<input type="checkbox"/> \$ 65

PAYMENT INFORMATION	
Form of Payment: <input type="checkbox"/> American Express <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Check <input type="checkbox"/> Federal Government PO <input type="checkbox"/> Cash (Do not send by mail)	
Account Number _____	Expiration Date _____
Signature _____	TOTAL AMOUNT \$ _____

Please mail or fax this form to: ASNT, 1711 Arlingate Lane, Columbus, OH 43228 or (fax) 614.274.6899. You can download this form from our Web site at www.asnt.org. If you have any questions, please contact the Conference Department at 614.274.6003 or 800.222.2768 (US/Canada only)



Please check here if you require special accommodations to fully participate. Attach a written description of requirements.