# Student Registration Form

**ASNT Annual Conference 2013**

4-7 November, Las Vegas, NV, USA

## Student Information

source: web PDF

Last Name: First Name: M.I.

School:

Home Address:

City: State: Zip+4/Postal Code:

Country: Phone: Fax:

ASNT# (if applicable) Email:

Payment must accompany registration form

□ Do not distribute my email address to exhibitors

## Registration

**Advance Registration Deadline: 4 Oct 2013**

### Membership

ASNT Student Membership - 1 Year □ $15

(ASNT student membership is required to receive student rates listed below. Student membership is available to individual's enrolled fulltime in an accredited college or university with proper verification)*

### Conference

| | Advance | After 4 Oct |
|---|---|---|
| Student Conference Registration | □ $85[1] | □ $100[1] |
| Student Workshop and Interview Program | □ $10 | |

(Student workshop will be held on Sunday, Nov. 3nd, and Interviews will take place on Monday, Nov. 4th)

□Yes, I would like to be a session monitor and receive complimentary conference registration (ASNT will contact you with details)

[1]All full time, currently enrolled ASNT student members are eligible for free conference registration if they volunteer to be a conference session monitor

### Special Offerings

Awards Banquet □ $60 how many?_____

Awards Banquet – session monitor □ No Charge

### Payment Information

**Total Amount Paid $**

Form of Payment ☐ AmEx ☐MasterCard ☐ Visa ☐Discover ☐Check ☐Funds Transfer

Account Number Exp date: CIN†:

Name on Card (Print please)

Signature

Card Billing Address (if different from above)

Billing Email Address

**†Credit Card Identification Number. For Visa/MasterCard/Discover:** The three-digit value is printed on the signature panel on the back of cards immediately following the account number. **For American Express:** 4 digit, non-embossed number printed above your account number on the face of your card.

***Verification of full-time student status:** Student membership is available to individuals enrolled full time in an accredited college or university. Submit by e-mail to mleonard@asnt.org or by fax to 614-274-6899 attention Margaret Leonard, one of the following with the student's name on it: copy of current transcripts showing full time status, letter from school/university enrollment department showing full time status, copy of current class schedule showing full time status. Your membership and registration will be processed once this verification has been received.

**Registration Policies:** Student Rate requires an ASNT Student Membership. Payment must accompany form. Forms received without payment will not be processed. ASNT does not accept foreign currency. All registration fees must be drawn in U.S. funds through U.S. banks. **Cancellation Policy**: All cancellations must be confirmed in writing. Cancellation requests must be received by October 4, 2013 and are subject to a $100 service charge. No refunds will be made after October 4, 2014. "No-Shows" (no notification of cancellation) are not entitled to a refund.

**Mail or fax this completed form to: ASNT 1711 Arlingate Lane, Columbus, OH, USA 43228 FAX 614.274.6899**