

ASNT 2020 Research Symposium

March 23-26, 2020 • Williamsburg, VA



Attendee Information

Payment must accompany registration form

Last Name: _____ First Name: _____ M.I. _____

Company Name: _____

Mailing Address: _____ Home Work

City: _____ State: _____ Zip+4/Postal Code: _____

Country: _____ Phone: _____ Fax: _____

ASNT# _____ Email: _____

- Check to allow distribution of your contact information to exhibitors First ASNT Conference
 Please check here if you have special accessibility needs. Gluten free meals required Vegetarian meals required

Payment Information

Form of Payment AmEx MasterCard Visa Discover Check Funds Transfer

Total \$ _____

Account Number _____ Exp. date: _____ CINT: _____

Name on Card (Please print) _____

Signature _____

Credit Card Billing Address (if different from above) _____

Billing Address Email _____

† Card Identification Number. For Visa/MasterCard/Discover: The 3-digit number 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. **Registration Policies:** Full conference registrations include access to program, exhibits, welcome reception, refreshment breaks and any scheduled meal events. One day registrations include access to program, exhibits, refreshment breaks and any scheduled meal events on the day of the registration. Payment must accompany form. Forms received without payment will not be processed. All registration fees must be drawn in U.S. funds through U.S. banks. **Cancellation Policy:** All cancellations must be confirmed in writing. Registrations cancelled **by February 28** are subject to a **\$100** service charge. No refunds will be made after **February 28**. "No-Shows" are not entitled to a refund.

Return the completed form (with payment) to: ASNT, 1711 Arlingate Lane, Columbus, OH USA 43228-0518; FAX: 614.274.6899

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Registration

Advance Registration Deadline: February 28, 2020

	Through Feb 28		After Feb 28	
	<u>Member</u>	<u>Nonmember</u>	<u>Member</u>	<u>Nonmember</u>
Full Registration	<input type="checkbox"/> \$645	<input type="checkbox"/> \$745	<input type="checkbox"/> \$745	<input type="checkbox"/> \$845
One Day Registration	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550
	Please select a day: <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday			
Exhibits Only	<input type="checkbox"/> \$25 (per day; includes lunches; no access to technical sessions)			
	Please select days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday			



Special Registrations:

	Through Feb 28		After Feb 28	
	<u>Member</u>	<u>Nonmember</u>	<u>Member</u>	<u>Nonmember</u>
Full Registration-Speaker/Committee Chair	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550
One Day Speaker	<input type="checkbox"/> No Charge (only for day of presentation)			
	Please select a day: <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday			
Exhibits Only – Committee Member	<input type="checkbox"/> No Charge	Committee Name _____		
ASNT Student Member	<input type="checkbox"/> No Charge (full time students only; must provide proof of enrollment; must be ASNT member)			
ASNT Retired Member	<input type="checkbox"/> No Charge (Retired membership is available to ASNT members who have paid full membership dues for at least 15 years, are at least 60 years old, retired and are not receiving remuneration of any kind for NDT activity)			

Subtotal \$ _____

Optional Registrations

	Through Feb 28		After Feb 28	
	<u>Member</u>	<u>Nonmember</u>	<u>Member</u>	<u>Nonmember</u>
Short Course (each)	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500
	Please select Short Course(s) <input type="checkbox"/> A <input type="checkbox"/> B			
Companion Program	<input type="checkbox"/> \$100		<input type="checkbox"/> \$125	
	Companion Name _____			

Subtotal \$ _____

Membership

ASNT New Membership – 1 year \$75 ASNT Membership Renewal \$65 ASNT Student \$15
 (New Membership required for renewals with more than six months since expiration.)

Subtotal \$ _____