

EXHIBITS ONLY FREE PASS

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1711 Arlingate Lane, Columbus, OH 43228, 614/274-6003, 614/274-6899 fax

Attendee Profile (Photocopy acceptable) **only exhibiting companies has the right to sell on the exhibit hall floor**

Last Name _____ First Name _____

Company Name _____

Mailing Address _____

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

Phone _____ Fax _____

Email _____ ASNT Member # _____

1. Years of Experience in NDT

0-5 6-10 11-15 16-20 21 & over

2. Number of people involved with NDT at your company

1-5 6-20 21-50 51-100 over 100

3. Your Job Function—Choose the one which best describes your role. (Select only one)

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> NDT Management | <input type="checkbox"/> Engineer | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Sales/Marketing | <input type="checkbox"/> Academic/Educator | <input type="checkbox"/> Student |
| <input type="checkbox"/> Quality Management | <input type="checkbox"/> Technician/Inspector | |
| <input type="checkbox"/> Researcher | <input type="checkbox"/> Trainer/Instructor | |

4. 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

5. 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 | |

6. Choose the one business industry segment that best describes your company. (Select only one)

NDT Utilization Business

- | | | |
|--|---|---|
| <input type="checkbox"/> Aerospace/Aviation/Aircraft | <input type="checkbox"/> Infrastructure (Roads & Bridges) | <input type="checkbox"/> Ordnance |
| <input type="checkbox"/> Amusement Rides & Skiing | <input type="checkbox"/> Electronics | <input type="checkbox"/> Pipeline |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Marine | <input type="checkbox"/> Pulp/Paper |
| <input type="checkbox"/> Chemical & Petroleum | <input type="checkbox"/> Medical | <input type="checkbox"/> Railroad |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Nuclear | <input type="checkbox"/> Semi Conductor |
| <input type="checkbox"/> Commercial Labs | <input type="checkbox"/> Optical | <input type="checkbox"/> Utilities |

NDT Supplier Business

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Computer Hardware | <input type="checkbox"/> Distributor/Manufacturers' Representative | <input type="checkbox"/> Robotics |
| <input type="checkbox"/> Computer Software | <input type="checkbox"/> Equipment | <input type="checkbox"/> Supplies |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Research | <input type="checkbox"/> Training |

7. Choose the primary type of application of NDT that you do? (Select only one)

- | | | |
|--|--|---|
| <input type="checkbox"/> Design and Failure Analysis | <input type="checkbox"/> In-service, Plant/Operation Maintenance & Process Control | <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 |

8. Highest Educational Level

- | | |
|--|--|
| <input type="checkbox"/> Grades 1-12 | <input type="checkbox"/> Doctorate Degree |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> 2-Year Associate Degree |
| <input type="checkbox"/> Master's Degree | <input type="checkbox"/> 4-Year Undergraduate Degree |
| <input type="checkbox"/> Some College | |