

Registration: To register for Filtration 2009, please complete the form below.

Copy this form for additional registrations, or register online at www.inda.org.

By registering early, you qualify for significant savings over the regular registration fee.

Name _____ Title _____
(last name/surname) (first name)

Organization _____ Website _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____

Email _____ Email Preference: HTML Text

Please send me information about exhibiting.

You must check ONE answer in each section in order for us to process your registration.

Primary Title or Job Function (check only one):		10 <input type="checkbox"/> Other (please specify) _____
01 <input type="checkbox"/> Owner/Principal/CEO	11 <input type="checkbox"/> Marketing	
02 <input type="checkbox"/> New Business Development	12 <input type="checkbox"/> Engineer	
03 <input type="checkbox"/> Corporate and/or Division Management	13 <input type="checkbox"/> Financial/Accounting	
04 <input type="checkbox"/> Plant Production Management	14 <input type="checkbox"/> Office Manager/Administrative	
05 <input type="checkbox"/> Quality Control Engineering	15 <input type="checkbox"/> Human Resources	
06 <input type="checkbox"/> Research Development	45 <input type="checkbox"/> Press/Editorial Staff	
07 <input type="checkbox"/> Purchasing	46 <input type="checkbox"/> Press/Other than Editorial	
08 <input type="checkbox"/> Account Manager/Sales	47 <input type="checkbox"/> Government	
09 <input type="checkbox"/> Consultant	48 <input type="checkbox"/> Academic - Faculty	
	49 <input type="checkbox"/> Academic - Student	

Your organization's Primary Affiliation with Filtration Industry (check only one):	
50 <input type="checkbox"/> Roll Goods Producer/Supplier	62 <input type="checkbox"/> Distribution
51 <input type="checkbox"/> Converter/Fabricator	96 <input type="checkbox"/> Academic Institution
52 <input type="checkbox"/> End User (please specify) _____	97 <input type="checkbox"/> Government
53 <input type="checkbox"/> Machinery/Equipment Manufacturer	98 <input type="checkbox"/> Press/Publishing
54 <input type="checkbox"/> Supplier of Binders, Chemicals, Adhesives, etc.	99 <input type="checkbox"/> Other (please specify) _____
55 <input type="checkbox"/> Supplier of Fibers, Pulps, etc.	
58 <input type="checkbox"/> Research/Consulting	

<p>*Organizations Receiving Member Discount: (please check)</p> <p><input type="checkbox"/> American Filtration & Separations Society</p> <p><input type="checkbox"/> American Institute of Chemical Engineers</p> <p><input type="checkbox"/> ANFA</p> <p><input type="checkbox"/> ASHRAE</p> <p><input type="checkbox"/> EDANA</p> <p><input type="checkbox"/> Filter Manufacturers' Council</p> <p><input type="checkbox"/> Filtration Society of Europe/Asia</p> <p><input type="checkbox"/> GEO-Institute of American Society of Civil Engineers</p> <p><input type="checkbox"/> INDA</p> <p><input type="checkbox"/> Institute of Environmental Sciences and Technology</p> <p><input type="checkbox"/> National Air Filtration Association</p> <p><input type="checkbox"/> Society of Automotive Engineers</p> <p><input type="checkbox"/> TAPPI</p>
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Fees (For "member" eligibility, see list above.)

(Please check boxes and circle fees)	Before October 23		October 23-November 13		After November 13	
	*Member	Non-Member	*Member	Non-Member	*Member	Non-Member
<input type="checkbox"/> Full Conference & Expo	\$595	\$835	\$715	\$995	\$790	\$1095
<input type="checkbox"/> One-day Conference (<input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.)	\$265	\$375	\$320	\$450	\$355	\$ 495
<input type="checkbox"/> Government/Academic Faculty	\$300	\$300	\$325	\$325	\$350	\$ 350
<input type="checkbox"/> Fulltime Student (with school ID)/Retired	\$100	\$100	\$120	\$120	\$130	\$ 130
<input type="checkbox"/> Expo Only	\$ 70	\$ 70	\$ 80	\$ 80	\$100	\$ 100

Please check here if you have a disability that requires special assistance or accommodation to fully participate. Attach a written description of needs. INDA must receive all special assistance requests by October 23, 2009 in order to accommodate.

Payment: FULL PAYMENT MUST ACCOMPANY THIS REGISTRATION.

MasterCard VISA AMEX Check / Money Order (in U.S. funds drawn on U.S. bank, payable to INDA)

Wire Transfer (For instructions, contact Tracie Leatham, tleatham@inda.org, or call 919-233-1210 ext. 126. Please reference Filtration 2009.)

Total Enclosed \$ _____ Card # _____ Card Expires: Month ____ Year ____

Signature: _____

Cancellations must be in writing and received by INDA before October 23, 2009. No refunds for cancellations received after October 23, 2009.

To pre-register, mail/fax this form and payment or credit card information to: