

Registration: To register for Filtration 2010, 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	

*** Organizations Receiving Member Discount: (please check)**

- American Filtration & Separations Society
- American Institute of Chemical Engineers
- ANFA
- ASHRAE
- EDANA
- Filter Manufacturers' Council
- Filtration Society of Europe/Asia
- GEO-Institute of American Society of Civil Engineers
- INDA
- Institute of Environmental Sciences and Technology
- National Air Filtration Association
- Society of Automotive Engineers
- TAPPI

Fees (For "member" eligibility, see list above.) (Please check boxes and circle fees)	Before October 18		October 19-November 8		After November 8	
	*Member	Non-Member	*Member	Non-Member	*Member	Non-Member
<input type="checkbox"/> Full Conference & Expo	\$450	\$630	\$540	\$755	\$595	\$830
<input type="checkbox"/> One-day Conference (<input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.)	\$200	\$280	\$240	\$335	\$265	\$370
<input type="checkbox"/> Government/Academic Faculty	\$225	\$225	\$275	\$275	\$300	\$300
<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 18, 2010 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 2010.)

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

Signature: _____

Cancellations must be in writing and received by INDA before October 18, 2010. No refunds for cancellations received after October 18, 2010.

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