

### Visitor Registration Form

registration.

Title  Mr.  Mrs.  Ms.

Family Name	First Name
Position	Company
Address	
City	Zip/Postal code
Province/State	country
Tel: Country Code	Area Code
Number	
Fax: Country Code	Area Code
Number	
Email	Web Site

**1. Your Company is involved in : (Multiple Choice)**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Automotive Industry
<input type="checkbox"/> Dairy Industry	<input type="checkbox"/> Pharmaceutical Industry
<input type="checkbox"/> Chemical Industries	<input type="checkbox"/> Medical, Health Care Industry
<input type="checkbox"/> Semiconductor Industry	<input type="checkbox"/> Printing Industry
<input type="checkbox"/> Plastic Industry	<input type="checkbox"/> Waste Water Treatment
<input type="checkbox"/> Waste Treatment	<input type="checkbox"/> Building & Construction Services
<input type="checkbox"/> Wood-processing Industry	<input type="checkbox"/> Water Treatment, Supply
<input type="checkbox"/> Paint, Pigments, Coatings Industry	<input type="checkbox"/> Environmental Protection
<input type="checkbox"/> Biotechnology/Biopharmac. Industry	<input type="checkbox"/> Electronic, Microelectronic Industry
<input type="checkbox"/> Plating Industry	<input type="checkbox"/> Petrochemical Industry
<input type="checkbox"/> Mineral / Oil / Gas Production	<input type="checkbox"/> Pulp, Paper Industry
<input type="checkbox"/> Textile Industry	<input type="checkbox"/> Energy, Energy Supply

<input type="checkbox"/> Aerospace Industry	<input type="checkbox"/> Filtration and Separation Industry
<input type="checkbox"/> Mining Industry	<input type="checkbox"/> Heavy Industry
<input type="checkbox"/> Metal Processing Industry	<input type="checkbox"/> Iron, Steel Manufacturing
<input type="checkbox"/> Ceramic, Glass Industry	<input type="checkbox"/> Food, Beverage Industry
<input type="checkbox"/> Other_____	

**2. Please describe your company's business (Multiple Choice)**

<input type="checkbox"/> Filter Producer	<input type="checkbox"/> Machinery Producer
<input type="checkbox"/> Contractor	<input type="checkbox"/> Service Consulter
<input type="checkbox"/> Trader	<input type="checkbox"/> R&D Institution
<input type="checkbox"/> Government/Association	<input type="checkbox"/> Media
<input type="checkbox"/> other_____	

**3. What is your primary product of interest (Multiple Choice) :**

<input type="checkbox"/> Filtration & separation machinery, equipment (vacuum filter, pressure filter, thickener, clarifier, decanter & separator, filter centrifuge machine, hydro cycle etc.)	<input type="checkbox"/> Membranes for filtration
<input type="checkbox"/> Air & gas filtration equipment	<input type="checkbox"/> Cartridges
<input type="checkbox"/> Oil and liquid filtration equipment & accessories	<input type="checkbox"/> Bag filters and equipment, accessories
<input type="checkbox"/> Sewage disposal equipment & system, water purifying equipment & system	<input type="checkbox"/> Ultra-fine glass fiber and filter media
<input type="checkbox"/> Filter media, metallic sintering and various composite filter media made from synthetic fiber, glass or metal fiber, etc. by nonwovens, weaving, paper making or	<input type="checkbox"/> Nano filter media

knitting, etc. processing	
<input type="checkbox"/> Test instruments	

**4. What is your main reason for visiting? (Check all that apply)**

<input type="checkbox"/> To make new contacts	<input type="checkbox"/> To learn about new products or services or technologies
<input type="checkbox"/> For networking purposes	<input type="checkbox"/> To evaluate exhibiting in the future
<input type="checkbox"/> To find new vendors	<input type="checkbox"/> To gather information for a purchasing decision
<input type="checkbox"/> To find solutions for specific problems	<input type="checkbox"/> To make a purchase
<input type="checkbox"/> Other (Please Specify)	