

Your Special Invitation From...

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Resistance welding machinery and supplies, robotic systems/tooling, weld monitoring equipment and recirculating water cooling units. Welding seminars and in-plant service.

FABTECH[®]

INTERNATIONAL

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International Exposition (I-X) Center
Cleveland, Ohio USA

SHOW HOURS

Tuesday, Oct. 29 9:00 a.m. - 5:00 p.m.

Wednesday, Oct. 30 9:00 a.m. - 5:00 p.m.

Thursday, Oct. 31 9:00 a.m. - 4:00 p.m.

FOR COMPLETE SHOW INFORMATION:

www.sme.org/fabtech

Call SME (800) 733-4763 or (313) 271-1500

www.fmafabtech.com

Call FMA (800) 432-2832 or (815) 399-8700

FREE show admission with this form (\$50 Value)!

Photocopy to register your entire team!

FABTECH[®] INTERNATIONAL October 29 - 31, 2002 • I-X Center • Cleveland, Ohio USA
REGISTRATION DEADLINE: OCTOBER 11, 2002

- **SME & FMA Members:** On-site registration is **FREE** with your valid member card.
- **FREE** show registration with this form (\$50 Value)!
- If form is received by **October 11, 2002**, you will receive your show badge by mail.
- After **October 11, 2002**, bring this form on-site for **FREE** show registration (\$50 Value)!

ON-LINE: www.sme.org/fabtech or www.fmafabtech.com
Enter Web Code 8 when completing the on-line form.

FAX: (301) 694-5124

MAIL TO: FABTECH International
ExpoExchange, LLC
P.O. Box 3918
Frederick, MD 21705 USA

You will receive a confirmation within 5 business days of receipt of your completed registration form. If you register on-line or via fax, DO NOT mail this form. No one under 18 years of age admitted.

Click in Blue Areas to Complete - One Form per Person

A Mr. B Ms.

Name _____

Title _____

BUSINESS ADDRESS REQUIRED:

Company _____

Division _____

Address _____

Mail Stop _____

City/State/Zip _____

Postal Code/Country _____

Phone (area code first) _____ Ext. _____

Fax (area code first) _____

E-mail _____

Yes, send me information on related products/events.

1. Check your **ONE** primary job function:

- | | |
|--|--|
| 1 <input type="checkbox"/> Job Shop Owner | 6 <input type="checkbox"/> Product Design, R&D |
| 2 <input type="checkbox"/> Corporate Executive | 7 <input type="checkbox"/> Factory Automation |
| 3 <input type="checkbox"/> Manufacturing Production | 8 <input type="checkbox"/> Purchasing |
| 4 <input type="checkbox"/> Manufacturing Engineering | 9 <input type="checkbox"/> Other |
| 5 <input type="checkbox"/> Quality Assurance/Control | |

2. Check the number of employees at your facility:

- | | | |
|---|------------------------------------|---|
| Ø <input type="checkbox"/> Less than 20 | 3 <input type="checkbox"/> 100-249 | 6 <input type="checkbox"/> 1,000-2,499 |
| 1 <input type="checkbox"/> 20-49 | 4 <input type="checkbox"/> 250-499 | 7 <input type="checkbox"/> 2,500 and Over |
| 2 <input type="checkbox"/> 50-99 | 5 <input type="checkbox"/> 500-999 | |

3. Indicate the technologies you plan to evaluate at the show:

- | | |
|---|--|
| A <input type="checkbox"/> CAD/CAM | N <input type="checkbox"/> Punching, Punches, and Dies |
| B <input type="checkbox"/> Coil Processing | O <input type="checkbox"/> Quick Die Change Systems |
| C <input type="checkbox"/> ERP/MRP Software | P <input type="checkbox"/> Robotics |
| D <input type="checkbox"/> Extrusion | Q <input type="checkbox"/> Roll Forming |
| E <input type="checkbox"/> Finishing | R <input type="checkbox"/> Safety/Ergonomics |
| F <input type="checkbox"/> Hydroforming | S <input type="checkbox"/> Saws |
| G <input type="checkbox"/> Job Shop Services | T <input type="checkbox"/> Sheet Metal Fabrication |
| H <input type="checkbox"/> Laser Systems | U <input type="checkbox"/> Stamping & Related Equipment |
| I <input type="checkbox"/> Material Handling | V <input type="checkbox"/> Tube & Pipe Producing & Fabricating |
| J <input type="checkbox"/> NC/CNC/DNC | W <input type="checkbox"/> Turret Punch Press Tooling |
| K <input type="checkbox"/> Plasma Cutting | X <input type="checkbox"/> Waterjet Cutting |
| L <input type="checkbox"/> Plate and Structural Fabricating | Y <input type="checkbox"/> Welding |
| M <input type="checkbox"/> Press Brakes and Shears | |

4. Indicate your department's total budget for metal forming and fabricating technologies during the next 12 months:

- | | |
|--|--|
| A <input type="checkbox"/> Up to \$20,000 | E <input type="checkbox"/> \$500,001 - \$1,000,000 |
| B <input type="checkbox"/> \$20,001 - \$50,000 | F <input type="checkbox"/> \$1,000,001 - \$5,000,000 |
| C <input type="checkbox"/> \$50,001 - \$200,000 | G <input type="checkbox"/> Over \$5,000,000 |
| D <input type="checkbox"/> \$200,001 - \$500,000 | |

Please send/continue to send **FORMING FABRICATING** magazine free of charge: yes no

Signature _____ Date _____

Please send/continue to send **the fabricator** magazine free of charge: yes no

Signature _____ Date _____

What is the primary end product or service performed at your location?

Cosponsored by the industry leaders



Society of Manufacturing Engineers



Fabricators & Manufacturers Association, Int'l



Please call (800) 733-4763 should you require special assistance.