



# TABLETOP DISPLAY RESERVATION FORM



The Premier Event for Absorbent Hygiene & Personal Care Markets

HYGIENIX™ 2018 | **NOVEMBER 5-8, 2018** | ORLANDO, FL U.S.A.

Tuesday, November 6, 2018 • 5:00 pm - 7:00 pm  
Wednesday, November 7, 2018 • 5:00 pm - 7:00 pm

## TABLETOP EXHIBIT PACKAGE (includes the following):

- One (1) table (6 feet x 2.5 feet / 1.83 meters x .76 meters) with drape
- Tent card with company name
- Listing in onsite Conference Program Directory
- Electricity (upon request)
- Listing on Conference Website
- One (1) Networking Registration (includes admission at Welcome Reception, daily continental breakfasts, coffee breaks, and tabletop receptions only)

Last Name/Surname \_\_\_\_\_ First Name \_\_\_\_\_  
 Job Title \_\_\_\_\_ Organization \_\_\_\_\_  
 Address \_\_\_\_\_ Website \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_



### Member

### Non-Member

- |   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Tabletop with Networking Registration        | <input type="checkbox"/> \$1,950.00 | <input type="checkbox"/> \$2,350.00 |
| <input type="checkbox"/> Tabletop with Full Conference Registration*  | <input type="checkbox"/> \$2,900.00 | <input type="checkbox"/> \$3,755.00 |
| <input type="checkbox"/> Tabletop with Full Conference Registration** | <input type="checkbox"/> \$3,230.00 | <input type="checkbox"/> \$4,230.00 |
| <input type="checkbox"/> Dining with Industry Thought Leaders         | <input type="checkbox"/> \$150.00   | <input type="checkbox"/> \$150.00   |
| <input type="checkbox"/> Welcome Reception (RSVP)                     | <input type="checkbox"/> YES        | <input type="checkbox"/> NO         |
| <input type="checkbox"/> Electricity at your table?                   | <input type="checkbox"/> YES        | <input type="checkbox"/> NO         |

\* Before October 1, 2018  
\*\* After October 1, 2018

### Payment (full payment must accompany this registration)

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

Total Enclosed \$ \_\_\_\_\_ Card # \_\_\_\_\_ Card Expires \_\_\_\_\_ / \_\_\_\_\_ CVV Code \_\_\_\_\_  
 (month) (year)  
 Billing Zip Code \_\_\_\_\_ Phone or Email \_\_\_\_\_ Signature \_\_\_\_\_

## SUBMIT THIS FORM AND DIRECT QUESTIONS TO:

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