



TABLETOP DISPLAY RESERVATION FORM



The Premier Event for Absorbent Hygiene & Personal Care Markets

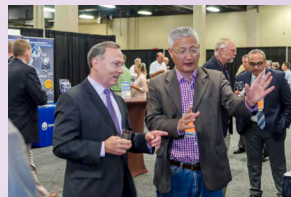
HYGIENIX™ 2018 | **NOVEMBER 5-8, 2018** | ORLANDO, FL U.S.A.

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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