



TABLETOP EXHIBIT RESERVATION FORM

HYGIENIX™ 2022
NOVEMBER 14-17, 2022

The Roosevelt Hotel, New Orleans, LA | Tuesday, November 15 | Wednesday, November 16

- + **Connect with 350+** absorbent hygiene business leaders to grow your business.
- + **Receive immediate feedback** on your products.
- + **Develop relationships** and follow-up meetings during and after the event.
- + **Present your company** to global absorbent hygiene leaders for 2-hours per day.

TABLETOP EXHIBIT PACKAGE (includes the following):

- + 8' back drape, 3' side drapes
- + (1) 6' L x 30" H x 24" W draped table
- + 7" x 44" one line identification sign.
- + Listing in onsite Conference Program Directory
- + Listing on INDA Mobile App
- + Electricity (upon request)
- + A tabletop exhibit package includes "Registration for one person only".

Last Name/Surname _____ First Name _____

Job Title _____ Organization _____

Address _____ Website _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Mobile _____ Email _____



Member

Non-Member

Tabletop with Networking Registration

\$1,995

\$2,495

(Each registered Tabletop Exhibit comes with one Networking Registration.)

Tabletop with Full Conference Registration

\$2,900

\$4,030

(Includes one Full Conference Registration with a Tabletop Exhibit - before Oct. 11.)

Tabletop with Full Conference Registration**

\$2,950

\$4,200

(Includes one Full Conference Registration with a Tabletop Exhibit Late Rate - after Oct. 11, 2022.)

Welcome Reception (RSVP) YES NO

Electricity at your table? YES NO

Networking Registrations entitle the participant to attend the Welcome Reception, breakfasts, coffee breaks, tabletop receptions, Finalists' Award Presentations and Award Announcements only.

Full Conference Registrations entitle the participant to attend all scheduled events of the conference (except for training classes).

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 _____ Name on Credit Card _____

SUBMIT THIS FORM AND DIRECT QUESTIONS TO:

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**Association of the
Nonwoven Fabrics Industry**
ADVANCING ENGINEERED MATERIAL SOLUTIONS

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