## ATTENDEE REGISTRATION FORM

March 25-28, 2019 | Miami Beach Convention Center | Miami Beach, Florida, USA

To register for IDEA®19 please complete the form below. Copy this form for additional registrations.

Please make selections in each section to process your registration. Your Organization's Primary Affiliation with **the Nonwovens Industry** (check all that apply): ☐ Nonwoven Producer/Supplier ☐ Converter/Fabricator/End Product Manufacturer ☐ Brand Owner/Brand Marketer ☐ Machinery/Equipment Manufacturer/Supplier ☐ Supplier of Adhesives, Binders & Chemicals ☐ Supplier of Resins, Fibers & Pulps ☐ Supplier of Paper & Packaging ☐ Supplier of Other Materials (Films, Tapes, Netting) ☐ Supplier of Services (*Transportation*, *Logistics*, *Software*) ☐ Wholesaler/Retail Distributor ☐ Third Party Testing, R&D, Pilot Lines ☐ Consulting ■ Association ☐ Academic Institution ☐ Government ☐ Press/Publishing ☐ Other **Primary Title or Job Function** (check only one): ☐ Principal/CEO/President/Senior Leadership ☐ New Business/Product Development/Tech. Scout ☐ Director/Division Management ☐ Manufacturing/Production/Operations Management ☐ Quality Control/Assurance Engineering ☐ Research & Development ☐ Purchasing ☐ Account Manager/Sales Management ☐ Consultant ☐ Marketing/Product Management ☐ Engineering/Applications/Process ☐ Financial Accounting/Comptroller/Business Analyst ☐ Office Manager/Administrative Assistant ☐ Human Resources ☐ Information Systems ☐ Press/Editorial ☐ Press/Other than Editorial ☐ Government ☐ Academic - Faculty ☐ Academic - Student Please check the suppliers you're interested in meeting. Allow INDA to help facilitate your exhibitor appointments. ☐ Adhesives/Binders/Sealants/Resins ☐ Ultrasonics/Hot Melt/Welding ☐ Netting/Plastic/Metal ☐ Machinery/Pleating/Other ☐ Supplier of Fibers, Pulps, etc.

> ☐ Converting/Cutting/Coating ☐ New Business Development

☐ Media/Membranes/Roll Goods ☐ Chemicals/Additives

☐ Equipment/Testing/Measuring/Other

☐ Laminate/Films

□ Other

By registering early you qualify	for significant savings from the	regular regis	stration fee.			
Last Name/Surname		First Name				
Title	Organiz	_Organization				
Website	Address	Address				
City	State	Zip	Coun	try		
Telephone		Mobile _				
Email						
EXPO & CONFERENCE R	EGISTRATION FEES					
(Please check appropriate boxes)		_	Non- Members	INDA		
☐ 3 - Day Exposition		<b>□</b> \$125	<b>□</b> \$175	<b>□</b> \$150	□ \$210	
☐ 3 - Day Conference & Exposition		□ \$695	□ \$995	□ \$835	<b>\$1,195</b>	
☐ Daily Expo Pass (○ Tue. ○ Wed. ○ Thur.)		□ \$85	<b>□</b> \$120	<b>□</b> \$125	<b>□</b> \$175	
☐ Daily Conference & Expo Pass (○ Tue. ○ Wed. ○ Thur.)		<b>□</b> \$465	□ \$665	<b>□</b> \$555	<b>□</b> \$795	
☐ Welcome Reception (Mon., March 25, 8 pm - 10 pm)		□ \$75	<b>□</b> \$75	<b>□</b> \$90	<b>□</b> \$90	

welcome reception (Mon., March 25, 6 pm 16 pm)	<b>4</b> 90	<b>4</b> 490						
THE ESSENTIALS OF NONWOVENS COURSES (Please check appropriate bo	oxes)							
legistration in any of The Essential short courses ncludes a 3-day expo pass onto the IDEA® show floor.	INDA Members	Non- Members						
Making Nonwovens (Mon., March 25, 1 pm - 6 pm)	<b>□</b> \$550	<b>□</b> \$600						
Wet Wipes (O Tue. or O Wed., 9 am - 12 pm)	<b>□</b> \$400	<b>□</b> \$450						
Absorbent Hygiene: Diaper & Incontinence (Tue., March 26, 1 pm - 4 pm)	<b>□</b> \$400	<b>□</b> \$450						
Filter Media: Air (Tue., March 26, 1 pm - 4 pm)	<b>□</b> \$400	<b>□</b> \$450						
Absorbent Hygiene: FemCare & Incontinence (Wed., March 27, 1 pm - 4 pm)	<b>□</b> \$400	<b>□</b> \$450						
Filter Media: Liquid (Wed., March 27, 1 pm - 4 pm)	<b>□</b> \$400	<b>□</b> \$450						
elect your track and SAVE \$100 when you start with the Making Nonwovens and add a second coursel								

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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)
Billing Zip Code Phone or Email
Total Enclosed \$ Credit Card #
CVV Code         /
Name (as it appears on the credit card)
Signature
☐ Wire Transfer (for instructions, please contact Tracie Leatham, tleatham@inda.org, or + 1 919 459 3726). For all wire transfers, please reference IDEA®19 and attach confirmation.
☐ Check here if you have a disability that requires special assistance or accommodation to fully participate.
NOTE: Please attach a written description of your needs. INDA must receive all special assistance requests by February 7, 2019 in order to make accommodations.

you are also giving us permission to use your image in any photography promoting the event and our association. HOTEL STAY AUDIT INFORMATION

HOTEL GIAI AGDII IIII GIAIIAI		
Name of Hotel Where You Are Staying _		
# of Occupants in Room		
Arrival Date	Departure Date	

By registering for IDEA®19, you are agreeing to receive digital and direct mail communications from INDA, and

**REGISTER ONLINE AT INDA.ORG.** 

Or, send this form with payment or credit card information to the following address:

INDA Reference: IDEA®19 P.O. Box 1288, Cary, NC 27512-1288

Phone: +1 919 459 3726 Fax: 866 847 7922 or 919 636 7908 tleatham@inda.org

