



TABLETOP DISPLAY RESERVATION FORM



WORLD OF WIPES® (WOW) 2018 | **JUNE 5-8, 2018** | CHICAGO, IL U.S.A.

Wednesday, June 6, 2018 • 5:40 pm - 7:00 pm

Thursday, June 7, 2018 • 5:30 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)

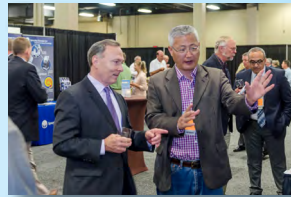
Last Name/Surname _____ First Name _____

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"/> \$1,495.00 | <input type="checkbox"/> \$2,150.00 |
| <input type="checkbox"/> Tabletop with Full Conference Registration* | <input type="checkbox"/> \$2,250.00 | <input type="checkbox"/> \$3,275.00 |
| <input type="checkbox"/> Tabletop with Full Conference Registration** | <input type="checkbox"/> \$2,545.00 | <input type="checkbox"/> \$3,690.00 |
| <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 April 30, 2018

** After April 30, 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:

Joe Tessari | +1 919 459 3729 | jtessari@inda.org | Fax +1 919 459 3701



P.O. Box 1288, Cary, NC 27512-1288
P: 919-459-3700, F: 919-459-3701

inda.org