



Tabletop Display Registration Form

International Nonwovens Technical Conference

September 25-28, 2006, Hilton Americas Houston, Houston, Texas

Name _____ Title _____
(last name/surname) (first name)

Organization _____ e-mail: _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____

You must check ONE answer in each section in order for us to process your registration.

Your organization's Primary Affiliation with Nonwovens Industry (check only one):

- | | |
|--|--|
| 50 <input type="checkbox"/> Roll Goods Producer/Supplier | 53 <input type="checkbox"/> Machinery/Equipment Manufacturer |
| 51 <input type="checkbox"/> Converters | 54 <input type="checkbox"/> Supplier of Binders, Chemicals, Adhesives, etc. |
| 52 <input type="checkbox"/> End User of Nonwovens <i>(check end-uses that apply)</i> | 55 <input type="checkbox"/> Supplier of Fibers, Pulps, etc. |
| <input type="checkbox"/> Agricultural/landscaping | 56 <input type="checkbox"/> Supplier of Films, Tapes, etc. |
| <input type="checkbox"/> Apparel | 57 <input type="checkbox"/> Commission Services (i.e. dyeing, finishing, printing, sewing, slitting, etc.) |
| <input type="checkbox"/> Automotive | 58 <input type="checkbox"/> Research/Consulting |
| <input type="checkbox"/> Construction | 59 <input type="checkbox"/> Paper/Packaging |
| <input type="checkbox"/> Diapers | 60 <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Filtration | 61 <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Geotextiles | 62 <input type="checkbox"/> Wholesale/Retail Distribution |
| <input type="checkbox"/> Healthcare | 94 <input type="checkbox"/> Association |
| <input type="checkbox"/> Home Furnishings | 96 <input type="checkbox"/> Academic Institution |
| <input type="checkbox"/> Packaging | 97 <input type="checkbox"/> Government |
| <input type="checkbox"/> Personal Care | 98 <input type="checkbox"/> Press/Publishing |
| <input type="checkbox"/> Protective Apparel | 99 <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Sorbents | |
| <input type="checkbox"/> Wipes | |

Primary Title or Job Function (check only one):

- 01 Owner/Principal
- 02 Chief Executive Officer
- 03 Corporate/Division Management
- 04 Plant/Production Management
- 05 Quality Control/Engineering
- 06 Research and Development
- 07 Purchasing
- 08 Sales
- 09 Consultant
- 11 Marketing
- 45 Press-Editorial
- 46 Press-Other Than Editorial
- 47 Government Employee
- 48 Academic - Faculty
- 49 Academic - Student
- 10 Other (please specify) _____

Tabletop Display Space Fee: \$400

(Separate conference registration fee for one person is required.)

Payment: FULL PAYMENT MUST ACCOMPANY THIS REGISTRATION.

- MasterCard VISA AMEX Check /Money Order *(in U.S. funds drawn on U.S. bank, payable to INDA)*
- Wire Transfer *(For instructions, contact Jessica Christiano, jchristiano@inda.org, or call 919-233-1210 ext. 126. Please reference INTC 2006 and attach confirmation.)*

Total Enclosed \$ _____ Card # _____ Card Expires: Month ____ Year ____

Signature: _____

Cancellations must be in writing and received by INDA before August 18, 2006.
No refunds for cancellations received after August 18, 2006.

To pre-register, mail/fax this form and payment or credit card information to:

INTC 2006 INDA/TAPPI • P.O. Box 1288, Cary, NC 27512-1288 • Tel. (919) 233-1210 ext. 126 • Fax (919) 233-1282