

Monday through Thursday | January 25-28, 2016 | Le Méridien Hotel | New Orleans, Louisiana USA

To register for RISE® 2016, please complete the form below. Copy this form for additional registrations, or register online at www.inda.org. By registering early you qualify for significant savings from the regular registration fee.

Last Name/Surname _____ First Name _____
 Job Title _____ Organization _____
 Address _____ Website _____
 City _____ State _____ Zip _____ Country _____
 Telephone _____ Mobile _____ Email _____

INDA will publish your email address on the official event attendee list. If you **do not wish** to have your email address published, please check the box

Please make selections in each section for us to process your registration.

Your Organization's Primary Affiliation with the Nonwovens Industry (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Nonwoven Producer/Supplier | <input type="checkbox"/> Supplier of Paper & Packaging | <input type="checkbox"/> Association |
| <input type="checkbox"/> Converter/Fabricator/End Product Manufacturer | <input type="checkbox"/> Supplier of Other Materials (Films, Tapes, Netting) | <input type="checkbox"/> Academic Institution |
| <input type="checkbox"/> Brand Owner/Brand Marketer | <input type="checkbox"/> Supplier of Services (Transportation, Logistics, Software) | <input type="checkbox"/> Government |
| <input type="checkbox"/> Machinery/Equipment Manufacturer/Supplier | <input type="checkbox"/> Wholesaler/Retail Distributor | <input type="checkbox"/> Press/Publishing |
| <input type="checkbox"/> Supplier of Adhesives, Binders & Chemicals | <input type="checkbox"/> Third Party Testing, R&D, Pilot Lines | <input type="checkbox"/> Other |
| <input type="checkbox"/> Supplier of Resins, Fibers & Pulps | <input type="checkbox"/> Consulting | |

Primary Title or Job Function (check only one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Principal/CEO/President/Senior Leadership | <input type="checkbox"/> Account Manager/Sales Management | <input type="checkbox"/> Information Systems |
| <input type="checkbox"/> New Business/Product Development/Tech. Scout | <input type="checkbox"/> Consultant | <input type="checkbox"/> Press/Editorial |
| <input type="checkbox"/> Director/Division Management | <input type="checkbox"/> Marketing/Product Management | <input type="checkbox"/> Press/Other than Editorial |
| <input type="checkbox"/> Manufacturing/Production/Operations Management | <input type="checkbox"/> Engineering/Applications/Process | <input type="checkbox"/> Government |
| <input type="checkbox"/> Quality Control/Assurance Engineering | <input type="checkbox"/> Financial Accounting/Comptroller/Business Analyst | <input type="checkbox"/> Academic – Faculty |
| <input type="checkbox"/> Research & Development | <input type="checkbox"/> Office Manager/Administrative Assistant | <input type="checkbox"/> Academic – Student |
| <input type="checkbox"/> Purchasing | <input type="checkbox"/> Human Resources | |

REGISTRATION FEES*

(Please check boxes)

- | | | |
|---|----------------------------------|----------------------------------|
| <input type="checkbox"/> Full Conference Registration | INDA Members | Non-Members |
| <input type="checkbox"/> Welcome Reception, Monday, January 25 (Complimentary, RSVP Required) | <input type="checkbox"/> \$1,295 | <input type="checkbox"/> \$1,850 |
| <input type="checkbox"/> Dine with Industry Thought Leaders, Wed. evening (space is limited to first 36 people – check box on left. Dinner is at your own expense.) | | |

*** REGISTER 3 OR MORE FOR FULL CONFERENCE REGISTRATIONS AND SAVE!**

\$100 per person off full conference registration fee

Attendees must be from the same company and use this mail/fax registration form. For each attendee, complete and submit a copy of this registration form.

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, reference RISE® 2016)

Total Enclosed \$ _____ Card # _____ Card Expires (Month): _____ (Year): _____

Signature: _____ CVV: _____

- Wire Transfer (for instructions, please contact Tracie Leatham, tleatham@inda.org, or +1 919 459 3726)
For all wire transfers, please reference RISE® 2016 and attach confirmation.

- Please 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 December 11, 2015 in order to accommodate.

HOW DID YOU HEAR ABOUT RISE®?

- Email Print Brochure Referral Friend/Colleague Print Ad Other (specify)

Pre-register online at www.inda.org

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

RISE® 2016 / INDA
PO Box 1288, Cary, NC 27512-1288
Phone: +1 919 459 3726
Fax: 866 847 7922 or 919 636 7908
tleatham@inda.org

NOTE: Cancellations must be in writing and received by INDA before Dec. 11, 2015. No refunds for cancellations received after Dec. 11, 2015.

