



**REGISTRATION:** To register for VISION 2010, please complete the form below. Copy this form for additional registrations. Or register online at [www.inda.org](http://www.inda.org). **By registering early, you qualify for significant savings from the regular registration fee.**

Name \_\_\_\_\_ Title \_\_\_\_\_  
(last name/surname) (first name)

Organization \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Preference  Html  Text

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

**Table-top Displays:** Table-top displays are available during the January 20 & 21, 2010 receptions. The cost for each table-top display is \$1,900 (INDA members) and \$2,600 (non-members) and must be accompanied by a paid conference registration. Space is limited, so register now!

**Yes, I'm interested in displaying at the table-top event.**

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

50 <input type="checkbox"/> Roll Goods Producer/Supplier	58 <input type="checkbox"/> Research/Consulting
51 <input type="checkbox"/> Converters	59 <input type="checkbox"/> Paper/Packaging
52 <input type="checkbox"/> End User of Nonwovens (please specify) _____	60 <input type="checkbox"/> Health Services
53 <input type="checkbox"/> Machinery/Equipment Manufacturer	61 <input type="checkbox"/> Transportation
54 <input type="checkbox"/> Supplier of Binders, Chemicals, Adhesives, etc.	62 <input type="checkbox"/> Wholesale/Retail Distribution
55 <input type="checkbox"/> Supplier of Fibers, Pulps, etc.	94 <input type="checkbox"/> Association
56 <input type="checkbox"/> Supplier of Films, Tapes, etc.	96 <input type="checkbox"/> Academic Institution
57 <input type="checkbox"/> Commission Services (i.e. dyeing, finishing, printing, sewing, slitting, etc.)	97 <input type="checkbox"/> Government
	98 <input type="checkbox"/> Press/Publishing
	99 <input type="checkbox"/> Other (please specify) _____

*Primary Title or Job Function (check only one):*

01 <input type="checkbox"/> Owner/Principal/CEO	11 <input type="checkbox"/> Marketing
02 <input type="checkbox"/> New Business Development	12 <input type="checkbox"/> Engineer
03 <input type="checkbox"/> Corporate and/or Division Management	13 <input type="checkbox"/> Financial/Accounting
04 <input type="checkbox"/> Plant Production Management	14 <input type="checkbox"/> Office Manager/Administrative
05 <input type="checkbox"/> Quality Control Engineering	15 <input type="checkbox"/> Human Resources
06 <input type="checkbox"/> Research Development	45 <input type="checkbox"/> Press/Editorial Staff
07 <input type="checkbox"/> Purchasing	46 <input type="checkbox"/> Press/Other than Editorial
08 <input type="checkbox"/> Account Manager/Sales	47 <input type="checkbox"/> Government
09 <input type="checkbox"/> Consultant	48 <input type="checkbox"/> Academic - Faculty
10 <input type="checkbox"/> Other (please specify) _____	49 <input type="checkbox"/> Academic - Student

REGISTRATION FEES: <small>(Please check boxes and circle fees)</small>	Before December 4, 2009		After December 4, 2009	
	INDA Member	Non-Member	INDA Member	Non-Member
<input type="checkbox"/> <b>Full Registration</b>	\$1295	\$1800	\$1550	\$2175
<input type="checkbox"/> <b>Networking Registration (Coffee Breaks and Receptions)</b>	\$ 295	\$ 350	\$ 295	\$ 350
<input type="checkbox"/> <b>Gov't/Academic/Faculty</b>	\$ 400	\$ 400	\$ 450	\$ 450

Please check here if you have a disability that requires special assistance or accommodation to fully participate. Attach a written description of needs. INDA must receive all special assistance requests by December 4, 2009 in order to accommodate.

**PAYMENT:** FULL PAYMENT MUST ACCOMPANY THIS REGISTRATION.

MasterCard  VISA  AMEX  Check / Money Order *(in U.S. funds drawn on U.S. bank, made payable to INDA)*

Wire Transfer *(For instructions, contact Tracie Leatham, [tleatham@inda.org](mailto:tleatham@inda.org), or call 919-233-1210 ext. 126. Please reference VISION 2010.)*

Total Enclosed \$ \_\_\_\_\_ Card # \_\_\_\_\_ Card Expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Mo. / Yr.

Cancellations must be in writing and received by INDA before December 4, 2009. No refunds for cancellations received after December 4, 2009.

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

**INDA, VISION 2010 Registration, P.O. Box 1288, Cary, NC 27512-1288, Tel. (919) 233-1210 ext. 126, Fax (919) 233-1282 [www.inda.org](http://www.inda.org)**