

To register for IDEA16, please complete the form below. Copy this form for additional registrations. By registering early you qualify for significant savings from the regular registration fee.

Last Name/Surname \_\_\_\_\_ First Name \_\_\_\_\_  
 Title \_\_\_\_\_ Organization \_\_\_\_\_  
 Address \_\_\_\_\_ Website \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**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):**

- 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 \_\_\_\_\_

**Please check the suppliers you're interested in meeting.**

Allow INDA to help facilitate your exhibitor appointments.

- Adhesives/Binders/Sealants/Resins
- Fibers
- Ultrasonics/Hot Melt/Welding
- Netting/Plastic/Metal
- Machinery/Pleating/Other
- Supplier of Fibers, Pulps, etc.
- Converting/Cutting/Coating
- New Business Development
- Laminate/Films
- Media/Membranes/Roll Goods
- Plastics/Additives
- Equipment/Testing/Measuring/Other
- Other \_\_\_\_\_

**HOW DID YOU HEAR ABOUT IDEA16?**

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

**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

**REGISTRATION FEES**

(Please check boxes)

- 3 - Day Expo**
- 3 - Day Conference & Expo**
- Daily Expo Pass**  Tuesday  Wednesday  Thursday
- Daily Conference & Expo Pass**  Tuesday  Wednesday  Thursday
- Welcome Reception** (Monday, May 2, 7:30 pm - 9:30 pm)

**Through March 31, 2016**

INDA Members	Non-Members
<input type="checkbox"/> \$120	<input type="checkbox"/> \$160
<input type="checkbox"/> \$675	<input type="checkbox"/> \$965
<input type="checkbox"/> \$80	<input type="checkbox"/> \$110
<input type="checkbox"/> \$420	<input type="checkbox"/> \$595
<input type="checkbox"/> \$69	<input type="checkbox"/> \$69

**After March 31, 2016**

INDA Members	Non-Members
<input type="checkbox"/> \$140	<input type="checkbox"/> \$195
<input type="checkbox"/> \$765	<input type="checkbox"/> \$1,095
<input type="checkbox"/> \$120	<input type="checkbox"/> \$150
<input type="checkbox"/> \$475	<input type="checkbox"/> \$675
<input type="checkbox"/> \$85	<input type="checkbox"/> \$85

**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 \_\_\_\_\_ Signature \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_ Card # \_\_\_\_\_ Card Expires \_\_\_\_\_ / \_\_\_\_\_ CVV Code \_\_\_\_\_  
 (month) (year)

- Wire Transfer (for instructions, please contact Tracie Leatham, tleatham@inda.org, or call + 1 919 459 3700 x 3726)

For all wire transfers, please reference IDEA16 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 March 31, 2016 in order to make accommodations.

**Hotel Stay Audit Information**

Name of Hotel Where You Are Staying \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_ # of Occupants in Room \_\_\_\_\_

**Pre-register online at [www.inda.org](http://www.inda.org).**

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

INDA  
 Reference: IDEA16  
 PO Box 1288, Cary, NC 27512-1288  
 Phone: +1 919 459 3726  
 Fax: 866 847 7922 or 919 636 7908  
 tleatham@inda.org

**NOTE:** Written cancellations must be received by INDA before March 31, 2016. No refunds will be issued after March 31, 2016.

