

REGISTRATION FORM

Monday through Thursday | October 26-29, 2015 | The Vinoy Renaissance | St. Petersburg, Florida USA To register for Hygienix 2015, 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 _____ ______ Organization ____ Your Title ___ _____ Website _____ Address ___ ______ State ______ Zip _____ Country _____ City____ _____ Email ____ Telephone ______ Fax _____ 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): ☐ Nonwoven Producer/Supplier ☐ Supplier of Paper & Packaging ☐ Association ☐ Converter/Fabricator/End Product Manufacturer ☐ Supplier of Other Materials (Films, Tapes, Netting) ☐ Academic Institution ☐ Brand Owner/Brand Marketer ☐ Supplier of Services (Transportation, Logistics, Software) ☐ Government ☐ Machinery/Equipment Manufacturer/Supplier ☐ Wholesaler/Retail Distributor ☐ Press/Publishing ☐ Supplier of Adhesives, Binders & Chemicals ☐ Third Party Testing, R&D, Pilot Lines ☐ Other ☐ Supplier of Resins, Fibers & Pulps □ Consulting Primary Title or Job Function (check only one): ☐ Principal/CEO/President/Senior Leadership ☐ Account Manager/Sales Management ☐ Information Systems ☐ New Business/Product Development/Tech. Scout ☐ Press/Editorial □ Consultant ☐ Director/Division Management ☐ Marketing/Product Management ☐ Press/Other than Editorial ☐ Manufacturing/Production/Operations Management ☐ Engineering/Applications/Process ☐ Government ☐ Quality Control/Assurance Engineering ☐ Financial Accounting/Comptroller/Business Analyst ☐ Academic – Faculty ☐ Research & Development ☐ Office Manager/Administrative Assistant ☐ Academic – Student ☐ Purchasing ☐ Human Resources **REGISTRATION FEES*** Before September 14, 2015 After September 14, 2015 INDA Members Non-Members INDA Members Non-Members (Please check boxes) □ Full Registration □ \$1,645 **□** \$2,350 **□** \$1,975 **□** \$2,825 ☐ Network Registration (Continental Breakfasts, Coffee Breaks and Receptions Only) **□** \$695 □ \$795 **□** \$525 **□** \$625 ☐ Welcome Reception, Monday, October 26 (RSVP Required) □ \$0 □ \$0 □ \$0 □ \$0 ☐ Dine with Industry Thought Leaders, Wednesday Evening (Space is limited.) □ \$75 □ \$75 □ \$75 □ \$75 * REGISTER 3 OR MORE FOR FULL REGISTRATIONS AND SAVE! \$100 per person off full 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) Total Enclosed \$ ____ Card Expires (Month): _____ (Year): ____ Card # _____ Signature: ☐ Wire Transfer (for instructions, please contact Tracie Leatham, tleatham@inda.org, or call +1 919 459 3726) For all wire transfers, please reference Hygienix 2015 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 September 14, 2015 in order to accommodate. **HOW DID YOU HEAR ABOUT HYGIENIX?** ■ 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
WEP

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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 Sep. 14, 2015. No refunds for cancellations received after Sep. 14, 2015.

