

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 _____
 Your Title _____ Organization _____
 Address _____ Website _____
 City _____ State _____ Zip _____ Country _____
 Telephone _____ Fax _____ 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)

- Full Registration
- Network Registration (Coffee Breaks and Receptions Only)
- Welcome Reception, Monday, October 26 (RSVP Required)
- Dine with Industry Thought Leaders, Wednesday Evening (Space is limited.)

After September 14, 2015

INDA Members	Non-Members
<input type="checkbox"/> \$1,975	<input type="checkbox"/> \$2,825
<input type="checkbox"/> \$625	<input type="checkbox"/> \$795
<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
<input type="checkbox"/> \$75	<input type="checkbox"/> \$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 # _____ Card Expires (Month): _____ (Year): _____

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 October 15, 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 →

Hygienix 2015 / 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: Note: Unfortunately, we cannot provide refunds for cancelled registrations.

