

To register for OUTLOOK™ Plus Latin America, please complete the form below. Copy this form for additional registrations. For additional information please visit: edana.org or register online at inda.org.

Last Name/Surname _____ First Name _____

Job Title _____ Organization _____

Address _____ Website _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____ Email _____

To foster networking among attendees we will publish your email address on the official attendee list for this event. If you prefer your email address is not published, please check the box

Please check the relevant selections below for us to process your registration.

Your organization's primary affiliation with the nonwovens industry:

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

Primary job function (check only one):

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

REGISTRATION FEES

Fee includes: 1 entrance to the Conference & Tabletops, lunches, networking events, cocktail reception, coffee breaks and the OUTLOOK™ Plus Latin America papers in digital format.

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Full Conference | <input type="checkbox"/> US \$ 990 |
| <input type="checkbox"/> Day 1 and 2 (Tues. Mar. 7 and Wed. Mar. 8) | <input type="checkbox"/> US \$ 800 |
| <input type="checkbox"/> Day 3 (Thurs. Mar. 9) | <input type="checkbox"/> US \$ 350 |

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)

Total Enclosed \$ _____ Card # _____ Card Expires _____ / _____ CVW Code _____
(month) (year)

Billing Zip Code _____ Phone or Email _____ Signature _____

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

For all wire transfers, please reference OUTLOOK™ Plus Latin America 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 February 6, 2017 in order to accommodate.

Return this form with payment or credit card information to the following address:

OUTLOOK™ Plus Latin America

PO Box 1288
 Cary, NC 27512-1288
Attention: Tracie Leatham, tleatham@inda.org
 Phone: + 1 919 459 3726
 Domestic Fax: + 1 866 847 7922
 International Fax: + 1 919 636 7908

NOTE: Cancellations must be in writing and received by tleatham@inda.org before February 6, 2017. No refunds for cancellations received after February 6, 2017. By registering for the OUTLOOK™ Plus Latin America, you authorize the organizers to take and publish event photography for marketing purposes on web and print.