



TABLETOP DISPLAY RESERVATION FORM



WORLD OF WIPES® (WOW) 2022 | **JUNE 27-30, 2022**
MARRIOTT MARQUIS CHICAGO | CHICAGO, IL U.S.A.

Tuesday, June 28 | 5:20 pm - 7:00 pm | Wednesday, June 29 | 5:30 pm - 7:00 pm

TABLETOP EXHIBIT PACKAGE (includes the following):

- One (1) table (6 feet x 2.5 feet / 1.83 meters x .76 meters) with drape
- Tent card with company name
- Listing in digital onsite Conference Program Directory
- Electricity (upon request)
- Listing on Conference Website
- One (1) Networking Registration (includes admission at Welcome Reception, daily continental breakfasts, coffee breaks, and tabletop receptions only)

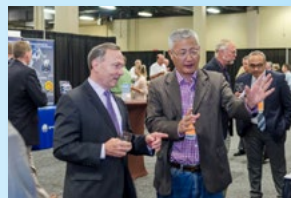
Last Name/Surname _____ First Name _____

Job Title _____ Organization _____

Address _____ Website _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Mobile _____ Email _____



Member

Non-Member

- | | | |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Tabletop with Networking Registration | <input type="checkbox"/> \$1,725.00 | <input type="checkbox"/> \$2,450.00 |
| <input type="checkbox"/> Tabletop with Full Conference Registration* | <input type="checkbox"/> \$2,515.00 | <input type="checkbox"/> \$3,660.00 |
| <input type="checkbox"/> Tabletop with Full Conference Registration** | <input type="checkbox"/> \$2,840.00 | <input type="checkbox"/> \$4,150.00 |
| <input type="checkbox"/> Welcome Reception (RSVP) <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| <input type="checkbox"/> Electricity at your table? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

* Before May 17, 2022 ** After May 17, 2022

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 _____ / _____ CVV Code _____
(month) (year)

Billing Zip Code _____ Phone or Email _____

Signature _____ Name on Credit Card _____

SUBMIT THIS FORM AND DIRECT QUESTIONS TO:

Joe Tessari | +1 919 459 3729 | jtessari@inda.org | Fax +1 855 766 3016 (in the USA) or +1 919 883 5765 (Outside of the USA)



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