

Monday through Thursday | November 11-14, 2019 | Hyatt Regency Houston | Houston, TX USA

To register for Hygienix™ 2019, please complete the form below. Copy this form for additional registrations, or register online at [www.hygienix.org](http://www.hygienix.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 \_\_\_\_\_  
 Phone \_\_\_\_\_ Mobile \_\_\_\_\_ 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 (Breakfast, Coffee Breaks and Receptions Only)  
 Welcome Reception, Monday, November 11 (RSVP Required)  
 Global Trends Workshop: Diapers, Baby Pants, & Adult Underwear (Monday, November 11, 1:30 - 4:30 pm)

Before October 7, 2019		After October 7, 2019	
INDA Members	Non-Members	INDA Members	Non-Members
<input type="checkbox"/> \$1,695	<input type="checkbox"/> \$2,425	<input type="checkbox"/> \$2,025	<input type="checkbox"/> \$2,925
<input type="checkbox"/> \$795	<input type="checkbox"/> \$1,075	<input type="checkbox"/> \$925	<input type="checkbox"/> \$1,225
<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
<input type="checkbox"/> \$160	<input type="checkbox"/> \$195	<input type="checkbox"/> \$160	<input type="checkbox"/> \$195

**\* 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): \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_ CVV: \_\_\_\_\_

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

For all wire transfers, please reference Hygienix™ 2019 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 7, 2019 in order to accommodate.

**PLEASE NOTE:**

By registering for Hygienix™ 2019, you are agreeing to receive email and direct mail communications from INDA, and you are also giving us permission to use your image in any photography promoting the event and our association.

**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 →

**Hygienix™ 2019 / INDA**  
 PO Box 1288, Cary, NC 27512-1288  
 Phone: +1 919 459 3726  
 Fax: 866 847 7922 or 919 636 7908  
[tleatham@inda.org](mailto:tleatham@inda.org)

**NOTE:** Cancellations must be in writing and received by INDA before October 7, 2019. No refunds for cancellations received after October 7, 2019.

