



Exhibitor Registration

Exhibitor Registration Information

Thank you for exhibiting/sponsoring at the TissueCon 2019. Pre-register your booth personnel by faxing the completed Exhibitor Registration Form to **+1.770.209.7206 by September 3, 2019**. Changes or corrections to personnel can be made by contacting the TissueCon Registration Department at 1.800.332.8686 (US), 1.800.446.9431 (Canada), +1.770.446.1400 or via e-mail at memberconnection@tappi.org.

All TissueCon 2019 Exhibitors must register all staff and employees that will be working the exhibit space. This includes exhibitors utilizing complimentary registrations; names must be submitted. Please see below for what is included in your exhibit/sponsorship purchase (unless you have a modified purchase that states otherwise).

Category	Complimentary Full Conference	Complimentary Exhibit Personnel
Level 1 Package	2	2
Level 2 Package	2	2
Level 3 Package	1	2

Exhibitor Badge Pick-Up

Badges will **not** be mailed prior to the show and can be picked up onsite at Registration.

Questions? Contact the TissueCon Registration Department • 1.800.332.8686 (US) • 1.800.446.9431 (Canada) • +1.770.446.1400, memberconnection@tappi.org



2019 TissueCon Exhibitor Registration Form

Due Date: September 3, 2019

Fax Completed Form to +1.770.209.7206

Step 1: Contact Information

Exhibiting/Sponsoring Company _____ Booth Number _____

Contact Name _____

Address _____

City/State/Zip/Country _____

Phone _____ Fax _____ Email _____

Step 2: Company Representatives (Please print clearly FIRST NAME, LAST NAME & E-MAIL ADDRESS)

1. First Name _____ Last Name _____ Email _____

Check One: Comp Exhibit Personnel Comp Full Conference Additional Full Conference

2. First Name _____ Last Name _____ Email _____

Check One: Comp Exhibit Personnel Comp Full Conference Additional Full Conference

3. First Name _____ Last Name _____ Email _____

Check One: Comp Exhibit Personnel Comp Full Conference Additional Full Conference

4. First Name _____ Last Name _____ Email _____

Check One: Comp Exhibit Personnel Comp Full Conference Additional Full Conference

5. First Name _____ Last Name _____ Email _____

Check One: Comp Exhibit Personnel Comp Full Conference Additional Full Conference

6. First Name _____ Last Name _____ Email _____

Check One: Comp Exhibit Personnel Comp Full Conference Additional Full Conference



Step 3: Payment of Additional Full Conference Registrations (if applicable)

Additional Full Conference Badges: \$ Reg Rate _____ x _____ = _____

TOTAL DUE: US \$ _____

The following **Full Conference Registration Rates** Apply:

Early Bird Registration Rates: (before or on September 3, 2019)

TAPPI Member – \$950

Non-Member - \$1,150

After September 3, 2019 Registration Rates:

TAPPI Member – \$1,255

Non-Member - \$1,520

Step 4: Payment Methods

1. **Credit Card:** AMEX Diner's Club Discover MasterCard Visa

Card Number _____ Expiration Date _____

Cardholder's Name _____

2. **Check in U.S. Funds:** Mail check with form to: TAPPI Inc., PO Box 933644, Atlanta, GA 31193-3644 USA

3. **Wire Transfer:** Contact TAPPI's Member Connection Center for bank information

Date of Transfer: _____ Amount US\$ _____

** Please add US\$25 for bank fees.