



## Exhibitor Registration

### Exhibitor Registration Information

Thank you for exhibiting/sponsoring at the Tissue 2017 Pre-register your booth personnel by faxing the completed Exhibitor Registration Form to **+1.678.866.2525 by September 11, 2017**. Changes or corrections to personnel can be made by contacting the Tissue 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](mailto:memberconnection@tappi.org).

**All Tissue 2017 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 | 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 Tissue Registration Department 1.800.332.8686 (US) • 1.800.446.9431 (Canada) • +1.770.446.1400, [memberconnection@tappi.org](mailto:memberconnection@tappi.org)



## 2017 Tissue Exhibitor Registration Form

**Due Date: September 11, 2017**

Fax Completed Form to +1.678.866.2525

### 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:** \$ \_\_\_\_\_

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

**Early Bird Registration Rates:**

TAPPI Member – \$950

Non-Member - \$1,150

**After September 11, 2017 Registration Rates:**

TAPPI Member – \$1,255

Non-Member - \$1,520

<http://www.tissue2017.com/registration/>

**Step 4: Payment Methods**

**Credit Card** -  AMEX  Diner's Club  Discover  MasterCard  Visa

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

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

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

Date of Transfer: \_\_\_\_\_ Amount US\$ \_\_\_\_\_