## REGISTRATION FORM

## February 26-28, 2020

3-Day Exhibition & Technical Conference | Navy Pier | Chicago, IL, USA



| To register for FiltXPO please compl<br>or register online at FiltXPO.com. B<br>regular registration fee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                              | -                              |            | -                     |                   |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                              |                                |            |                       |                   |  |  |
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| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    | -                            |                                | -          |                       |                   |  |  |
| Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                              | _ Mobile                       |            |                       |                   |  |  |
| Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                              |                                |            |                       |                   |  |  |
| REGISTRATION FEES*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Through                                            | Jan. 29                      | Jan. 30                        | - Feb. 12  | After F               | Feb. 12           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Association<br>Member                              | Standard                     | Association<br>Member          | Standard   | Association<br>Member | Standard          |  |  |
| FiltXPO Exhibition & Conference (February 26-28)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | □ \$ 995                                           | □ \$ 1,245                   | □ \$ 1,195                     | □ \$ 1,495 | □ \$ 1,315            | <b>□</b> \$ 1,645 |  |  |
| FiltXPO Exhibition Only<br>3-Day (February 26-28)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | □ \$ 40                                            | □ \$ 50                      | □ \$ 50                        | □ \$ 60    | □ \$ 60               | □ \$ 70           |  |  |
| *Exhibition & Conference Fee includes a conference proceedings, and the FiltXPC  If you are a member of any of these org  AFS AICHE ANFA BOAFA  INDA NAFA SAE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | O Program.<br>ganizations you<br>NA 🚨 Geo-Ir       | will receive                 | en Association<br>E □ IEST     |            |                       |                   |  |  |
| PAYMENT (full payment must acco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | mpany this reg                                     | gistration)                  |                                |            |                       |                   |  |  |
| ☐ MəsterCərd ☐ VISA ☐                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>A</b> MEX                                       |                              |                                |            |                       |                   |  |  |
| Name (as it appears on the card)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                              |                                |            |                       |                   |  |  |
| Total Enclosed \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Credit (                                           | _ Credit Card #              |                                |            |                       |                   |  |  |
| CVV Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Card Expiration Date (MM/YYYY) / /                 |                              |                                |            |                       |                   |  |  |
| Billing Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Phone or Email                                     |                              |                                |            |                       |                   |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                              |                                |            |                       |                   |  |  |
| ☐ Wire Transfer (for instructions, please reference ☐ Check here if you have a disability NOTE: Please attach a written described January 29, 2020 in order to accompany to the please attach as written described by January 29, 2020 in order to accompany the please attach as written described by January 29, 2020 in order to accompany the please attach as written described by January 29, 2020 in order to accompany the please attach as written described by January 29, 2020 in order to accompany the please attach as written described by January 29, 2020 in order to accompany the please attach as written described by January 29, 2020 in order to accompany the please attach as written described by January 29, 2020 in order to accompany the please attach as written described by January 29, 2020 in order to accompany the please attach as written described by January 29, 2020 in order to accompany the please attach as written described by January 29, 2020 in order to accompany the please attach as written described by January 29, 2020 in order to accompany the please attach as written described by January 29, 2020 in order to accompany the please attach as written described by January 29, 2020 in order to accompany the please attach as written described by January 29, 2020 in order to accompany the please attach as written described by the please attach as written described by January 20, 2020 in order to accompany the please attach as written described by the please attach as written | nce FiltXPO a<br>ty that requir<br>cription of you | nd attach co<br>es special a | onfirmation.<br>ssistance or a | accommoda  | tion to fully p       | participate.      |  |  |
| PLEASE NOTE: By registering for FiltXF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    | _                            | _                              |            |                       |                   |  |  |

Please make selections in each section to process your registration.

| Your  | 0  | rga | niza | tion's | Primary | <b>Affiliation</b> |
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- Media Producer/Supplier
- ☐ Converter/Fabricator/End Product Manufacturer
- ☐ Brand Owner/Brand Marketer
- ☐ Machinery/Equipment Manufacturer/Supplier
- ☐ Supplier of Adhesives, Binders & Chemicals
- ☐ Supplier of Resins, Fibers & Pulps
- ☐ Supplier of Paper & Packaging
- ☐ Supplier of Other Materials (Films, Tapes, Netting)
- ☐ Supplier of Services (Transportation, Logistics, Software)
- ☐ Wholesaler/Retail Distributor
- $\hfill \square$  Third Party Testing, R&D, Pilot Lines
- ☐ Consulting
- Association
- Academic Institution
- ☐ Government
- Press/Publishing
- ☐ Other

## Primary Title or Job Function (check only one):

- ☐ Principal/CEO/President/Senior Leadership
- ☐ New Business/Product Development/Tech. Scout
- ☐ Director/Division Management
- ☐ Manufacturing/Production/Operations Management
- ☐ Quality Control/Assurance Engineering
- ☐ Research & Development
- ☐ Purchasing
- ☐ Account Manager/Sales Management
- ☐ Consultant
- ☐ Marketing/Product Management
- Engineering/Applications/Process
- $\hfill \Box$  Financial Accounting/Comptroller/Business Analyst
- ☐ Office Manager/Administrative Assistant
- ☐ Human Resources
- ☐ Information Systems
- ☐ Press/Editorial
- ☐ Press/Other than Editorial
- ☐ Government
- ☐ Academic Faculty
- ☐ Academic Student

The FiltXPO app will match your interests to select Exhibitors. Check the categories below to be introduced.

- ☐ Adhesives/Binders/Sealants/Resins
- lacksquare Fibers
- ☐ Ultrasonics/Hot Melt/Welding
- Netting/Plastic/Metal
- ☐ Machinery/Pleating/Other
- ☐ Supplier of Fibers, Pulps, etc.
- □ Converting/Cutting/Coating
- ☐ New Business Development
- ☐ Laminate/Films
- ☐ Media/Membranes/Roll Goods
- Plastics/Additives
- lue Equipment/Testing/Measuring/Other
- ☐ Other



## REGISTER ONLINE AT FIItXPO.com

Or, send this form with payment or credit card information to the following address:

FiltXPO P.O. Box 1288 Cary, NC 27512 Phone: +1 919 459 3726 Fax: 866 847 7922 or +1 919 636 7908

tracie@filtxpo.com

**NOTE:** Cancellations must be in writing and received before January 29, 2020. No refunds for cancellations received after January 29, 2020.