

1. WHAT TYPE OF COMPANY DO YOU WORK FOR? (choose only one)

- Pulp and Paper/Paperboard Manufacturing (1)
- Paperboard Packaging Integrated Converting Plant (4AD)
- Paperboard Packaging Independent Converting Plant (4AO)
- Paperboard Packaging Headquarters (4AH)
- Independent Consultant: Engineering, Technical Production or Research (2)
- Manufacturer of Machinery, Equipment, Chemicals or Supplies (7)
- Woodlands Operation (3)
- Flexible Packaging Converting Plant (4BO)
- Flexible Packaging Headquarters (4BH)
- Dealer or Distributor of Supplies (8)
- University Professor (9A)
- Full Time Student (9B)
- University Library (9C)
- Press (10A)
- Library (10B)
- Association (10C)
- Government (10D)
- Retired (13)
- Nonwovens (14)
- Printing/Graphic Arts (15)
- Allied to the Industry (12)
- Industry Customer (end user) (16)

2. WHAT IS YOUR PRIMARY JOB FUNCTION? (check one)

- Librarian – Corporate (A)
- Technical Research (D)
- Marketing & Sales (G)
- Corporate Management (B)
- Engineering (E)
- Traffic & Shipping (H)
- Production (C)
- Purchasing & Stores (F)
- Other Management & Administrative Personnel (I)
- Other: _____ (J)

3. WHAT IS YOUR PRIMARY INDUSTRY? (check one)

- Pulp Mill Only (P)
- Technical/R&D Facility/Headquarters (H)
- Paper/Paperboard Mill Only (R)
- Independent Operations or Converting Plant (O)
- Integrated Pulp/Paper/Paperboard Mill (D)

Do you require special accommodations for handicapped access? Yes No

TAPPI may use my contact information to communicate about products or services TAPPI believes may be of value and comply with government regulations. I hereby give TAPPI, TAPPI's business associates, the TAPPI Foundation, and TAPPI Local Sections written permission to contact me for the above stated purposes and to communicate with me via (tick as applicable): Fax and/or E-mail for those purposes (note: we do not release emails to third parties).

4. HOW DID YOU HEAR ABOUT THE COURSE?

- Tappi.org website
- Email
- Newsletter
- Colleague/Co-worker
- Other: _____

TAPPI 2009 Introduction to Kraft Recovery Course Cancellation Policy:

If you find that you have to cancel, your full registration fee will be refunded if TAPPI's Registration Department receives written notification (fax acceptable at +1.770.446.6947) by July 15, 2009. Please note: There will be a 50% refund for all written cancellations made after July 15, 2009 but no later than July 22, 2009. After July 29, 2009, no refunds can be issued. Substitutions, however, will be accepted any time without a penalty.

FIVE EASY WAYS TO REGISTER

- 1) Mail – TAPPI, P.O. Box 933644, Atlanta, GA 31193-3644, USA
- 2) Online – go to www.tappi.org
- 3) Fax completed registration form to +1.770.209.7206
- 4) Phone 1.800.332.8686 (US), 1.800.446.9431 (Canada) or +1.770.446.1400 (Worldwide)
- 5) Wire Transfer - call +1.770.446.1400 for details

GENERAL INFORMATION (Please print or type. Submit a separate form for each attendee, spouse or guest.)

Please circle: Mr. Ms. Mrs. Dr. Sr. Jr.

First Name _____ MI _____ Last Name _____

TAPPI Member # _____ Badge Name _____

Title _____

Company Name _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Telephone _____ Fax _____

Email _____

Registration Fee (circle only one) • All fees are in US Dollars.	On or Before	After
	July 15, 2009	July 15, 2009
TAPPI Member	US\$ 895	US\$ 995
Non-Member	1,595	1,695
Group Rate, 3+ Members from same company - cost per person	795	895
Group Rate, 3+ Non-Members from same company - cost per person	1,395	1,495
Not a TAPPI Member? Join or renew your membership now and save		
Renew/Join TAPPI - Annual Membership*	US\$ 174	US\$ 174
<small>*Non-US members, please add an additional US\$14 for postage to total amount paid</small>		
Total Due		

METHOD OF PAYMENT (All fees must be paid in U.S. Dollars and must accompany registration forms)

Checks: Enclosed is check number _____ for the full amount of \$ _____

Please make checks payable to TAPPI in US Dollars
 and mail to: TAPPI, P.O. Box 933644, Atlanta, GA 31193-3644, USA

Wire Transfer: \$ _____ was wired as payment on _____ (date)

Please bill my credit card: Amex Diner's Club Discover MasterCard Visa

Credit Card # _____ Exp _____

Name on Credit Card _____

Signature _____

REGISTRATION QUESTIONS?