



Converter Advance Registration Discount (CARD)

One Price Registration for Converting Facilities & Brand Owners

Enter your first PAID attendee at \$2,990.00 USD on page 2 of this form and list all employees who will attend for no additional charge (minimum of 3 people). All names must be submitted together, and employees must be from the same plant or corporate location.

Only provide Credit Card information on the form if you are FAXING the form. If via email, we will call you for Credit Card information.

**Questions? Contact Mary Beth Cornell at +1.404.510-0696, mcornell@tappi.org
TAPPI Member Connection: +1-770-446-1400 memberconnection@tappi.org**

Billing Information (Please print)

Name _____
Job title _____
Company Name _____
Address _____
City _____ State/Prov _____ Postal Code _____ Country _____
Phone _____ Fax _____ Email _____

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 \$ _____
- Make checks payable to TAPPI, check must be in US dollars.
 - Please mail checks to the attention of TAPPI, PO Box 933644, Atlanta, GA 31193-3644, USA

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

☐ **Credit Card:** Please bill my credit card: ☐ Amex ☐ Discover ☐ MasterCard ☐ Visa

Credit Card # _____ Expiration Date _____

Card Holder Name _____

TAPPI Fax Number: +1.770.209.7206

Email Address: memberconnection@tappi.org

Only provide Credit Card information on the form if you are FAXING the form. If via email, we will call you for Credit Card information

Contact name: _____ Phone: _____



This form should be returned to *Mary Beth Cornell* by *March 15, 2024*.

1st Paid Attendee (Please print)

Name _____

Job title _____

Email address _____ Phone _____

San Diego Air & Space Museum evening event on Tuesday (1st paid attendee included) Yes____ No____

☐ Yes, I am bringing a guest to the Tuesday evening event (**\$105 additional charge**)

☐ First Time Attending ☐ Yes, I have dietary needs, please specify_____

Complimentary Attendees (Please print – make additional copies of this form as needed.)

Name _____

Job title _____

Email address _____ Phone _____

San Diego Air & Space Museum evening event on Tuesday (**\$105 charge**) Yes____ No____

☐ Yes, I am bringing a guest to the Tuesday evening event (**\$105 additional charge**)

☐ First Time Attending IFPED ☐ Yes, I have dietary needs, please specify_____

Name _____

Job title _____

Email address _____ Phone _____

San Diego Air & Space Museum evening event on Tuesday (**\$105 charge**) Yes____ No____

☐ Yes, I am bringing a guest to the Tuesday evening event (**\$105 additional charge**)

☐ First Time Attending IFPED ☐ Yes, I have dietary needs, please specify_____

Name _____

Job title _____

Email address _____ Phone _____

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Cancellation Policy

If you find you have to cancel, your full registration fee will be refunded if TAPPI's Registration Department receives written or faxed (+1.770.209.7206) notification by **March 17, 2024**. Please note: There will be a 50% refund for all written cancellations made after **March 17, 2024** but no later than **April 8, 2024**, which is five business days prior to the start of the conference. Understandably, after this time, no refunds can be issued. Substitutions, however, will be accepted at any time without penalty. In the event the conference is cancelled, TAPPI will refund all registration fees. TAPPI's liability is limited solely to the refund of the registration fee.

The contact information you provide may be used by TAPPI or its business associates to notify you of items that may be of interest to you.

I understand that under certain laws and regulations, TAPPI must have my written permission in order to communicate with me via fax or email. I hereby give TAPPI, TAPPI's business associates, the TAPPI Foundation, and TAPPI Local Sections written permission to communicate with me via
☐ fax and/or ☐ email

Signature_____ Date_____