

**STRONGER  
TOGETHER**  
#StrongerTogether



**BIENNIAL CONFERENCE**  
Nov. 30 – Dec. 3, 2020  
InterContinental Hotel  
San Diego, CA

## Converter Advance Registration Discount (CARD)

### One Price Registration for Converting Facilities & Brand Owners

Enter your first PAID attendee at \$1,595.00 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.

Questions? Contact Robert Dawson at +1.770.209.7247, [rdawson@tappi.org](mailto:rdawson@tappi.org)

#### Billing Information (Please print)

Name \_\_\_\_\_  
Preferred name for badge \_\_\_\_\_ 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 Robert Dawson, TAPPI, 15 Technology Parkway South, Suite 115, Peachtree Corners, GA 30092 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: +1.240.396.5973

Email Address: Robert Dawson, [rdawson@tappi.org](mailto:rdawson@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**

This form should be returned to *Robert Dawson by November 23, 2020*

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**1<sup>st</sup> Paid Attendee** (Please print)

Name \_\_\_\_\_ Preferred name for badge \_\_\_\_\_

Job title \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

USS Midway Museum evening event on Tuesday, April 21<sup>st</sup> (1<sup>st</sup> paid attendee included) Yes \_\_\_ No \_\_\_

Yes, I am bringing a spouse to the USS Midway Museum event (**\$150 additional charge**)

First Time Attending IFPED  Yes, I have dietary needs, please specify \_\_\_\_\_

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

Name \_\_\_\_\_ Preferred name for badge \_\_\_\_\_

Job title \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

USS Midway Museum evening event on Tuesday, April 21<sup>st</sup> (**\$150 charge**) Yes \_\_\_ No \_\_\_

Yes, I am bringing a spouse to the USS Midway Museum event (**\$150 additional charge**)

First Time Attending IFPED  Yes, I have dietary needs, please specify \_\_\_\_\_

Name \_\_\_\_\_ Preferred name for badge \_\_\_\_\_

Job title \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

USS Midway Museum evening event on Tuesday, April 21<sup>st</sup> (**\$150 charge**) Yes \_\_\_ No \_\_\_

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Name \_\_\_\_\_ Preferred name for badge \_\_\_\_\_

Job title \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

USS Midway Museum evening event on Tuesday, April 21<sup>st</sup> (**\$150 charge**) Yes \_\_\_ No \_\_\_

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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 (+1.240.396.5973) notification by **November 2, 2020**. Please note: There will be a 50% refund for all written cancellations made after **November 2, 2020** but no later than **November 23, 2020**, 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 \_\_\_\_\_