



## Exhibitor Registration

### Exhibitor Registration Information

Thank you for exhibiting/sponsoring at the TAPPI PEERS and/or IBBC. Pre-register your booth personnel by faxing the completed Exhibitor Registration Form to **+1.770.209.7206 by October 2, 2017**. Changes or corrections to personnel can be made by contacting the PEERS/IBBC 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). Additional Exhibit Only Personnel badges can be purchased for your staff at \$75 each.

**All PEERS/IBBC 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).

**Sponsors are entitled to registration privileges based on the table below.**

Category	Complimentary Full Conference	Discounted Full Conference (\$400 each per Conference)	Complimentary Exhibit Personnel
A. Platinum Sponsor	2	3	2
B. Gold Sponsor	1	2	2
C. Silver Sponsor	1	1	2
D. Bronze Sponsor		1	2
E. Exhibit Booth	1		2
H. 6'x30" Table Top		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 TAPPI's PEERS/IBBC Registration Department 1.800.332.8686 (US) • 1.800.446.9431 (Canada) • +1.770.446.1400, [memberconnection@tappi.org](mailto:memberconnection@tappi.org)



## 2017 PEERS/IBBC Exhibitor Registration Form

Fax Completed Form to +1.770.209.7206

### Step 1: Contact Information

TAPPI Record Id: \_\_\_\_\_ Category Type: \_\_\_\_\_

Exhibiting 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)

*\*Please see the sponsorship flyer for details regarding allotted registrations for sponsorship packages*

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email \_\_\_\_\_

**Check One:**  Comp Exhibit Personnel  Add. Exhibit Personnel@\$75

Comp Full Conference  Discounted Conf.@\$400

Conference Dinner (Mon.) \$55  IBBC Dinner (Wed.) \$65

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email \_\_\_\_\_

**Check One:**  Comp Exhibit Personnel  Add. Exhibit Personnel@\$75

Comp Full Conference  Discounted Conf.@\$400

Conference Dinner (Mon.) \$55  IBBC Dinner (Wed.) \$65

3. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email \_\_\_\_\_

**Check One:**  Comp Exhibit Personnel  Add. Exhibit Personnel@\$75

Comp Full Conference  Discounted Conf.@\$400

Conference Dinner (Mon.) \$55  IBBC Dinner (Wed.) \$65

4. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email \_\_\_\_\_

**Check One:**  Comp Exhibit Personnel  Add. Exhibit Personnel@\$75

Comp Full Conference  Discounted Conf.@\$400

Conference Dinner (Mon.) \$55  IBBC Dinner (Wed.) \$65

5. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email \_\_\_\_\_

**Check One:**  Comp Exhibit Personnel  Add. Exhibit Personnel@\$75

Comp Full Conference  Discounted Conf.@\$400

Conference Dinner (Mon.) \$55  IBBC Dinner (Wed.) \$65

6. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email \_\_\_\_\_

**Check One:**  Comp Exhibit Personnel  Add. Exhibit Personnel@\$75

Comp Full Conference  Discounted Conf.@\$400

Conference Dinner (Mon.) \$55  IBBC Dinner (Wed.) \$65



**Step 3: Payment of Additional Badges, Discounted Full Conference Package(s), Dinner & Tour (if applicable)**

- Allotted Exhibit Personnel Badges \_\_\_\_\_ Requested Exhibit Personnel Badges \_\_\_\_\_  
Additional Exhibit Personnel Badge: **\$75 x** \_\_\_\_\_ = \_\_\_\_\_  
Conference Dinner (Monday): **\$55 x** \_\_\_\_\_ = \_\_\_\_\_  
IBBC Dinner (Wednesday): **\$65 x** \_\_\_\_\_ = \_\_\_\_\_  
DISCOUNTED Full Conference \$400 for Exhibitors ONLY): **\$400 x** \_\_\_\_\_ = \_\_\_\_\_

**TOTAL DUE: \$** \_\_\_\_\_

**Step 4: Payment Methods**

- 1. Credit Card** -  AMEX  Diner's Club  Discover  MasterCard  Visa  
Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Cardholder's Name \_\_\_\_\_
- 2. Check in U.S. Funds:** Mail check with form to: TAPPI Inc., PO Box 933644, Atlanta, GA 31193-3644 USA
- 3. Wire Transfer:** Contact TAPPI's Member Connection Center for bank information  
Date of Transfer: \_\_\_\_\_ Amount US\$ \_\_\_\_\_