

# ICPA Multi-Regional Meeting

June 24 – 25, 2010

Dublin, OH



Please fill out a separate form for each attendee. After June 18, 2010, please register onsite.

Attendee Name:		Suffix/CCT:	
Company:	Title :		
Address:			
City:	State:	Zip Code:	Country:
Phone:	Fax:	Email:	

## CONFIRMATION

All registrants whose forms and payments are received a week before the start of the event will receive a confirmation via email. Confirmations will be sent following the processing of payment. Please allow up to 5 days for receipt of your confirmation email.

## ATTENDEE DEMOGRAPHIC INFORMATION

### Are you a (check only one)

- Manufacturer       Supplier       Distributor  
 Consultant       Academic Institution       Other: \_\_\_\_\_

### Best describes your job function:

- Consultant       Engineering  
 Envir., Safety & Health       General Management  
 HR/Training       Instructor/Professor  
 Marketing       President/CEO  
 Plant Manager       Production/Manufacture  
 Press       Purchasing  
 Program Management       Research & Development  
 Quality Control/Assurance & Testing       Student  
 Sales       Other: \_\_\_\_\_  
 Tooling/Prototype

### In regards to buying influence, you:

- Make the final decision  
 Recommend/Influence decisions  
 Have no buying influence

### Please indicate the markets for which you make products:

- Bathroom       Commercial       Kitchen  
 Residential       Other: \_\_\_\_\_

### How did you hear about this event?

- ACMA/ICPA Website       ACMA/ICPA Publication  
 Promotional Mailing       Word of Mouth

### Please list any dietary restrictions or other special needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REGISTRATION FEES

\* To qualify for the additional member or non-member rate, registrations must be submitted together with payment. Additional registrant prices are only available by fax, email or regular mail. Please do not attempt to register online for this discount.

ICPA/ACMA Member	<b>O \$99</b>
*Additional Member	<b>O \$79</b>
Non-Member	<b>O \$149</b>
*Additional Non-Member	<b>O \$129</b>

### Please indicate which track you will likely attend:

- Management      **O**  
Production      **O**

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## PAYMENT INFORMATION

Complete this section and fax this form to: 703-525-0743

Payment Total: \$ \_\_\_\_\_  Visa     MasterCard     AMEX

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

If paying by check: Mail payment along with this form to:  
ACMA Conference Registration, 1010 N. Glebe Rd, Suite 450, Arlington, VA 22201.  
Make checks payable to the American Composites Manufacturers Association.  
\*\*\*Payment must accompany the registration form\*\*\*

QUESTIONS / COMMENTS? -- Call 703-525-0511 or Email Us [events@acmanet.org](mailto:events@acmanet.org)

## PHOTOGRAPHY, CANCELLATION, SUBSTITUTION, "NO SHOW" and OTHER POLICIES:

If a written request for cancellation is received 14 days prior to the start of the event date, the full registration fee, minus a \$50 processing fee, will be refunded. After this date, the registration fee is not refundable, but, with written notification, can be transferred to another individual at any time, even on-site. Please submit all requests to [events@acmanet.org](mailto:events@acmanet.org). ACMA does not accept responsibility for any "no-shows." Regardless of their attendance, these individuals will be charged for the cost of their registration. Registration and attendance at, or participation in, ACMA meetings and other activities constitutes an agreement by the registrant to ACMA's use and distribution (both now and in the future) of the registrant's or attendee's image or voice in photographs, videotapes, electronic reproductions, and audiotapes of such events and activities. All participants in any ACMA/ICPA meetings must adhere to the ACMA/ICPA anti-trust guidelines.