







REGISTRATION FORM

One registrant per form
Registration fees are per person

Spring Conference April 23-25, 2025 San Diego, CA

Camananiu				Title:		
Company:						
Address:						
Phone:		E-mail:				
MEMBER TYPE	by 3/31	4/1-4/17	4/18-onsite	TOTAL		
Converter/Supplier/Associate	\$1,399	\$1,499	\$1,599		* Open to qualified companies attending	
Operator/Distributor	\$699	\$799	\$899			
Spouse	\$229	\$229	\$229			
Potential Member*	\$0	\$0	\$0			
GOLF TOURNAMENT ADD-ON (OPTIO	NAL):				an FPI conference for the first time.	
Golf tournament, Wed. April 23	\$259	\$259	\$259		FPI approval required for processing.	
Right set rental clubs (\$100 - sign						
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	GI	RAND TOTAL A	LL COLUMNS			
ADDITIONAL SESSIONS - PLEASE IN	NDICATE IE V	OLI ARE ATTENI	DING THE EOLI	OWING RECO	VERY GROUP SESSIONS:	
PRA/PRG Meeting Wednesday, Ap					VERT GROOF SESSIONS.	
Foam Recycling Coalition Meeting						
roun necycling counter meeting	, marsaay 1, 2	- (mast be a men	iber of the group	o to participate		
ADDITIONAL INFORMATION:						
Spouse name (if registered):	number: REQU	IRED				
Emergency contact name and phone r		IRED				
Spouse name (if registered): Emergency contact name and phone r		IRED				
ADDITIONAL INFORMATION: Spouse name (if registered): Emergency contact name and phone r Please indicate any dietary restrictions			AYMENT			
Spouse name (if registered): Emergency contact name and phone r Please indicate any dietary restrictions	5:	P.	AYMENT ations received b	y this date will	be refunded without penalty.	
Spouse name (if registered): Emergency contact name and phone r Please indicate any dietary restrictions Note: April 17 is the	s: cancellation d	P , eadline. Cancello	ations received b		be refunded without penalty. vs are non-refundable.	
Spouse name (if registered): Emergency contact name and phone r Please indicate any dietary restrictions Note: April 17 is the	s: cancellation d f cancellations	P , eadline. Cancell as well.) Cancell	ations received b ations after this			
Spouse name (if registered): Emergency contact name and phone replease indicate any dietary restrictions Note: April 17 is the (Applies to golgo) Check Payment: Mail to FPI, PO E	cancellation d f cancellations 30x 726, Falls C	P. eadline. Cancello as well.) Cancell hurch, VA 22046	ntions received b ations after this	date or no-show		
Spouse name (if registered): Emergency contact name and phone r Please indicate any dietary restrictions Note: April 17 is the (Applies to golg Check Payment: Mail to FPI, PO E	s: cancellation d f cancellations	P. eadline. Cancello as well.) Cancell hurch, VA 22046	ntions received b ations after this	date or no-show	vs are non-refundable.	
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