



# WEBINAR RECORDING ORDER FORM

## FDA Inspections of Cosmetic & OTC Drug Facilities: Your Rights & Obligations

Tuesday, May 22, 2007

### CONTACT INFORMATION:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ **(REQUIRED)**

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### RECORDING FEES:

CTFA Member \$295 \_\_\_\_\_

Non Member \$425 \_\_\_\_\_

### PAYMENT INFORMATION:

Please check the appropriate method of payment.

CHECK ENCLOSED    Check Number: \_\_\_\_\_ Check Date: \_\_\_\_\_

CREDIT CARD    Please Charge My:     Master Card     VISA     AMEX

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Mail Payment & Registration:

Please make checks payable to CTFA and send to:  
The Cosmetic, Toiletry, and Fragrance Association  
1101 17<sup>th</sup> Street, NW, Suite 300 Washington, DC 20036

### Fax Payment & Registration:

Credit card payments may be faxed to (202) 331-1969 **ATTENTION: CLAIRE MURNANE**

### QUESTIONS?

Please contact:    Claire Murnane, Manager of Business Development & Marketing  
**Phone:**(202) 331-1770    **Email:** [murnanec@ctfa.org](mailto:murnanec@ctfa.org)

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