

WEBINAR RECORDING ORDER FORM



Environmental Bioaccumulation Thursday, October 8, 2009 12:30PM to 2:00PM EDT

CONTACT INFORMATION:

Name: _____ Title: _____
Company Name: _____
Phone: _____ Fax: _____
Email Address: _____ **(REQUIRED)**
Company Address: _____
City: _____ State: _____ Zip: _____

REGISTRATION FEES:

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 *Personal Care Products Council* and send to:
Personal Care Products Council
1101 17th Street, NW, Suite 300 Washington, DC 20036

Fax Payment & Registration:

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

QUESTIONS?

Please contact: Jana Kalish, Coordinator of Business Development & Marketing
Phone:(202) 331-1770 **Email:** KalishJ@personalcarecouncil.org

FOR OFFICE USE ONLY	
Entered In Vision	
Payment Cleared	
Emailed Recording Link	