

WEBINAR REGISTRATION FORM

2 Part Series

**Monday, September 20, 2010 and Wednesday, September 22, 2010
12:30PM to 2:00PM EDT**

CONTACT INFORMATION:

Name: _____ Title: _____

Company Name: _____

Phone: () _____ Fax: _____

Email Address: _____ **(REQUIRED)**

Company Address: _____

City: _____ State: _____ Zip: _____

REGISTRATION FEES:

	Members		NonMembers	
Part 1: Impact of Water System Microbial Testing in Personal Care Products	\$295	<input type="checkbox"/>	\$425	<input type="checkbox"/>
Part 2: Effective Water System Investigations and Example Case Studies	\$295	<input type="checkbox"/>	\$425	<input type="checkbox"/>
Part 1 and Part 2	\$400	<input type="checkbox"/>	\$600	<input type="checkbox"/>

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: JENNIFER JONES**

QUESTIONS?

Please contact: Jennifer Jones, Specialist, Marketing & Member Services
Phone :(202) 331-1770 **Email:** jonesj@personalcarecouncil.org