



CTFA WEBINAR REGISTRATION FORM Quality Assurance & Cleaning Validation

Thursday, January 18, 2007
12:30pm to 2:00pm EST

IMPORTANT NOTICE: Dial-in and Log-in instructions will be sent to you via EMAIL no later then Tuesday, January 16, 2007.

REGISTRATION FORM

Name: _____ Title: _____

Company Name: _____

Phone Number: () _____ Fax Number: () _____

Email Address: _____ (**REQUIRED**)

Company Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Registration Fees: (Please Check the appropriate fee)	List Price	
CTFA Member	\$295	_____
CTFA Non Member	\$425	_____

Please check the appropriate method of payment

___ **Check Enclosed** Check Number: _____

___ **Credit Card** Please charge my: Visa Master Card American Express

Card Number: _____

Expiration Date: _____

Signature: _____

Mail: Please make checks payable to CTFA and send to:

The Cosmetic, Toiletry, and Fragrance Association
1101 17th Street, NW, Suite 300 Washington, DC 20036

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

Cancellation Policy: Cancellations received in writing by January 2, 2007 will receive a 50% refund of the registration payment. No refunds after January 2, 2007.

Questions? Please contact: Claire Murnane **Phone:**(202) 331-1770 **Email:** murnanec@ctfa.org