



REGISTRATION FORM

Name: _____ Badge Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Registration Fee

Includes all presentations, Continental Breakfast, Beverage Breaks & Lunch

Registration Type	Registration Fee
<input type="checkbox"/> Member	\$695
<input type="checkbox"/> Nonmember	\$995

Payment Information:

Please check appropriate method of payment:

Check Enclosed Check Number: _____

American Express Visa MasterCard

Card Number: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

Credit Card payments may be faxed to 202.331.1969. Please make checks payable to the Personal Care Products Council and mail to: The Meetings Department, 1101 17th Street, N.W., Suite 300, Washington, D.C. 20036

Cancellation Policy: Cancellations received in writing by October 20, 2010 will receive a 50% refund of the registration payment. **There will be no refunds for cancellations received after October 20, 2010.** Registration fees are transferable to another delegate within your company. The Council does not validate parking for this meeting.

WEB