



SPONSORSHIP OPPORTUNITIES

- ✦ One Location
- ✦ Four Workshops
- ✦ More than 250 industry leaders and decision-makers

2011 Science Symposium offers consultants, manufacturers, suppliers, and others an effective and efficient forum to meet with decision-makers and support the cosmetic and personal care products industry. With workshops on Microbiology, Quality Assurance, INCI, Safety, and Environmental, **2011 Science Symposium** is a great opportunity to gain visibility and make contacts with a wide variety of industry professionals.

All sponsors receive:

- **Acknowledgment of sponsorship:**
 - Name and logo in promotional e-mails sent to over 3,000 industry professionals.
 - Name, logo, and link to the sponsor's homepage on the conference webpage.
 - Name and logo will be listed in the onsite conference program.
 - Name and logo on rotating slides displayed during conference sessions and breaks.
- **Early and final registration list.**

Reception Sponsor – Exclusive	\$5,000
<ul style="list-style-type: none"> • Signage promoting the sponsor displayed at the reception • Acknowledgment of support at the reception • One complimentary registration 	
Luncheon Sponsor—Exclusive [Three available]	\$3,000
<ul style="list-style-type: none"> • Signage promoting the sponsor displayed at the luncheon • Exhibit table at the Cosmetic Science EXPO • One complimentary registration 	
Tote Bag Sponsor— Exclusive	\$2,500
<ul style="list-style-type: none"> • Logo imprinted on Tote Bags given out at Cosmetic Science EXPO 	
Presentation Jump Drive Sponsor—Exclusive	\$2,000
<ul style="list-style-type: none"> • Logo imprinted on jump drive • Sponsor also covers cost of the jump drives 	
Breakfast Sponsor—Two Sponsorships Available	\$1,500
<ul style="list-style-type: none"> • Signage promoting the sponsor displayed during breakfast 	
Notepad Sponsor—Exclusive	\$1,500
<ul style="list-style-type: none"> • Logo printed on notepad handed out during workshops 	
Break Sponsor—Four Sponsorships Available	\$1,000
<ul style="list-style-type: none"> • Signage promoting the sponsor displayed during all breaks 	
Name Badge Sponsor—Exclusive	\$1,000
<ul style="list-style-type: none"> • Logo printed on the back of every name badge 	

SPONSORSHIP AGREEMENT

COMPLETE YOUR CONTACT INFORMATION:

Name: _____

Title: _____

Company Name: _____

Company Address _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax _____

Email Address: _____

SELECT YOUR SPONSORSHIP:

Please reserve the following sponsorship for my company:

- | | |
|--|---------|
| <input type="checkbox"/> Reception Sponsor – Exclusive | \$5,000 |
| <input type="checkbox"/> Luncheon Sponsor—Exclusive | \$3,000 |
| <input type="checkbox"/> Tote Bag Sponsor—Exclusive | \$2,500 |
| <input type="checkbox"/> Presentation Jump Drive Sponsor—Exclusive | \$2,000 |
| <input type="checkbox"/> Breakfast Sponsor—Two Available | \$1,500 |
| <input type="checkbox"/> Notepad Sponsor —Exclusive | \$1,500 |
| <input type="checkbox"/> Break Sponsor—Four Available | \$1,000 |
| <input type="checkbox"/> Name Badge Sponsor —Exclusive | \$1,000 |

If you have chosen to sponsor the workshop or luncheon, please select the subject area.

The subjects are available on a first come, first served basis so reserve your space early.

Microbiology & Quality Assurance Safety Environmental

[COMPANY NAME] _____ agrees to sponsor the Personal Care Products Council **2011 Science Symposium** at the level noted above, and further agrees to submit payment for the sponsorship prior to the conference start date. Cancellations by the sponsor must be received in writing 90 days prior to the start of the event and will entitle the company to a 75 percent refund of the sponsorship amount. The Council reserves the right to cancel or postpone any events. In the event the Council cancels or postpones an event for which a company has pledged sponsorship, the sponsor may either request a refund or allocate its sponsorship funds to a different Council activity.

Signature

Date

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**