



MATERIALS/PRODUCT DISTRIBUTION FORM

Contact

Primary Contact Name: _____

Title: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Email Address: _____

Materials/Product Distribution Options

Select	Space	Fee
<input type="checkbox"/>	In Room Delivery <i>Make sure your items make the biggest impression. Have them delivered directly to all Annual Meeting hotel guests or a subset of your choosing.</i>	\$2000
<input type="checkbox"/>	Product Giveaway in PCPC Registration Area (NEW!) <i>Throughout the day, capture the attention of attendees by showcasing your item on a tabletop display near the PCPC registration desk (total quantity: 250; limited to two companies; one company on Mon and one on Tues)</i>	\$1500
<input type="checkbox"/>	Registration Bag Inserts <i>Place your item directly in the hand of each attendee (total quantity: 250; marketing flyers or sample products)</i>	\$1000
<input type="checkbox"/>	Trade Press and Literature Table <i>Display your printed materials near the registration desk for all guests to see, browse and take home.</i>	\$ 500

Payment Information

Please check appropriate method of payment: Check Enclosed Check Number: _____

American Express Visa MasterCard

Card Number: _____ Exp. Date: _____ CVV: _____

Billing Address: _____

Name on Card: _____

Signature: _____

Credit Card payments may be faxed to Catherine McDonald at 202.331.1969. Please make checks payable to the Personal Care Products Council and mail to: Meetings Dept, 1620 L St., NW, Suite 1200, Washington, DC 20036