

2023 SCIENCE SYMPOSIUM & EXPO

Oct. 24-25, 2023 / Arlington, Va.

Sponsorship Options and Exhibitor Info *(check one)*

| ✓ | TYPE | DESCRIPTION | COST |
|---|-------------------|--|---------|
| | Visionary Sponsor | <ul style="list-style-type: none"> ➤ One tabletop ➤ Two complimentary attendee registrations for both days of the Conference ➤ Sponsor one workshop of your choice with logo featured on agenda in mobile event app, acknowledgement in opening remarks of workshop and inclusion in sponsor slide ➤ One e-blast sent by PCPC on your behalf to all registered attendees. ➤ Sponsor recognition on PCPC event home page ➤ Your company name, description and link included in mobile event app ➤ Your company name and link included in all Science Symposium email promotions to members and nonmembers ➤ Acknowledgement in social media | \$7,500 |
| | Innovator Sponsor | <ul style="list-style-type: none"> ➤ One tabletop ➤ One complimentary attendee registration for both days of the Conference ➤ Inclusion in sponsor slide in all workshops ➤ Sponsor recognition on PCPC event home page ➤ Your company name, description and link included in mobile event app ➤ Your company name and link included in all Science Symposium email promotions to members and nonmembers ➤ Acknowledgement in social media | \$6,000 |
| | Champion Sponsor | <ul style="list-style-type: none"> ➤ One tabletop ➤ One discounted attendee registration for both days of the Conference ➤ Inclusion in sponsor slide in all workshops ➤ Sponsor recognition on PCPC event home page ➤ Your company name, description and link included in mobile event app. ➤ Your company name and link included in all Science Symposium email promotions to members and nonmembers | \$3,500 |
| | Exhibitor | <ul style="list-style-type: none"> ➤ One tabletop | \$3,000 |

Please contact [Carrie Gregory](#) with any questions.

2023 PCPC Science Symposium
Sponsorship Application

Fax selection(s) & application to 202-331-1969 or email to meetings@personalcarecouncil.org

Company Name _____

Primary Contact Person _____

Primary Contact Job Title _____

Address _____

City _____ State _____ Country _____

Zip Code _____ Phone _____

Email _____ Website _____

Complimentary registrants for Conference: Please contact Ms. Shirley Gibbs (gibbss@personalcarecouncil.org) to register your complimentary registrations based on the sponsorship package as selected above.

PAYMENT OPTIONS

ACH/Wire: Contact Ms. Shirley Gibbs at gibbss@personalcarecouncil.org for bank information

Check: Payable to Personal Care Products Council
Mail to PCPC, 1620 L Street, NW, Ste. 1200, Washington DC 20036
(or fax application to 202-331-1969 or email to meetings@personalcarecouncil.org)

Credit Card: Visa MC Amex

Credit Card Number: _____

Exp Date: _____ Security Code: _____ Name on card: _____

Billing Address for Credit Card: _____

Terms of payment and cancellation:

All payments must be received in FULL prior to Oct. 20, 2023. No refunds provided after Oct. 1, 2023.