

WEBINAR REGISTRATION FORM

Emerging Issues Conference November 18, 2008

CONTACT INFORMATION:

Name: _____ Title: _____

Company Name: _____

Phone: () _____ Fax: () _____

Email Address: _____ **(REQUIRED)**

Company Address: _____

City: _____ State: _____ Zip: _____

REGISTRATION FEES:

Please select how many sessions you would like to attend:

	Member Fee	Non Member Fee	Total
Attend One Session	<input type="checkbox"/> \$195	<input type="checkbox"/> \$395	
Attend Two Sessions	<input type="checkbox"/> \$295	<input type="checkbox"/> \$425	

Please select the specific sessions you would like to attend:

- Session 1: California Safe Cosmetics Act: Moving into the Implementation Phase 1:30pm – 2:00pmEST
- Session 2: California Green Chemistry: The New Law & What it Means for You 5:00pm-6:00pmEST

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**

QUESTIONS?

Please contact: Jana Kalish, Coordinator of Business Development & Marketing
Phone :(202) 331-1770 **Email:** kalishj@personalcarecouncil.org

HAPPI