



Team Registration for _____ (COMPANY NAME)

Please note an attendee for each workshop

Quality Assurance

Name: _____ Badge Name: _____

Title: _____

Email Address: _____

Microbiology

Name: _____ Badge Name: _____

Title: _____

Email Address: _____

Safety

Name: _____ Badge Name: _____

Title: _____

Email Address: _____

Environmental

Name: _____ Badge Name: _____

Title: _____

Email Address: _____

Payment Information

Please check appropriate method of payment: **\$995.00 for up to 4 registrants!!**

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 2 will receive a 50% refund of the registration payment. **There will be no refunds for cancellations received after October 2, 2009.** Registration fees are transferable to another delegate within your company.