

Contact Information

Name: _____ Badge Name: _____
 Spouse Name: _____ Spouse Badge Name: _____
 Title: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email Address: _____

Do you want your e-mail address included in the final program? (circle one) Yes No
 Are you a first time attendee? (circle one) Yes No

Registration Fees (Please check the appropriate fee)

- Member\$1,775
- Official Trade Press Delegate..... COMP
- Additional Trade Press Delegate\$1,775
- Spouse \$250

Payment Information

Please check appropriate method of payment:
 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 February 5 will receive a 65% refund of the registration payment. There will be no refunds for cancellations received after February 5, 2010. Registration fees are transferable to another delegate within your company.