

## ONLINE TRAINING ORDER FORM

### The USDA Animal Product Import Permit

#### CONTACT INFORMATION:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ **(REQUIRED)**

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### REGISTRATION FEES:

Member \$45 \_\_\_\_\_

Non Member \$145 \_\_\_\_\_

#### 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 17<sup>th</sup> 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](mailto:kalishj@personalcarecouncil.org)