



2018 Annual Meeting Registration Form

Contact Information

Name: _____ Badge Name: _____

Guest Name: _____ Guest Badge Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Do you want your e-mail address included in the final program? Yes No

Register for the Meeting (Please check the appropriate fee)

- Member \$1,875
- Spouse/Guest \$275

Group registration rates are available for companies that sponsor and reserve private meeting space. Press passes are available for credentialed trade press reporters. Questions? Call Shirley Gibbs at 202.454.0345 or email gibbss@personalcarecouncil.org.

Payment Information

Please check appropriate method of payment:

- Check Enclosed Check Number: _____
- American Express Visa MasterCard

Card Number: _____ Exp. Date: _____ CVV: _____

Address Associated with Credit Card: _____

Name on Card: _____

Signature: _____

Credit Card payments may be faxed to 202.331.1969 or emailed to gibbss@personalcarecouncil.org. Please make checks payable to the Personal Care Products Council and mail to: The Meetings Department, 1620 L Street, N.W., Suite 1200, Washington, D.C. 20036

Cancellation Policy: Cancellations received in writing by February 1 will receive a 65% refund of the registration payment. **There will be no refunds for cancellations received after February 1, 2018.** Registration fees are transferable to another delegate within your company.