



2018 Annual Meeting Bungalow Reservation Form

Contact Information

Name: _____

Job Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone: _____

Email Address: _____

Twitter Handle: _____

Reserve Your Space

Please reserve ____ bungalow(s) for my company to use during the Council Annual Meeting

Check here if you would like indoor meeting space which is available on a first come first served basis.

Check here if you want to be included as a sponsor for an additional \$2500. This includes:

- Acknowledgement on the Council's website and mobile app with a link to your website.
- Acknowledgement in the official meeting program.
- Recognition as a sponsor in promotional mailings and emails.
- "Sponsor" ribbons for your attendees name badges
- Logo acknowledgement at the Opening General Session
- Individual attention & service from the Council staff to ensure you get the value you are looking for.

Payment Information

Amount: # of Bungalows _____ x \$6,000 + Sponsorship (\$2500) = Total: _____

Check Enclosed Check Number: _____

Card type: 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 (attn.: Catherine McDonald). Please make checks payable to the Personal Care Products Council and mail to: Meetings Dept, 1620 L St., NW, Suite 1200, Washington, DC 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.