

# wINCI Order Form

## CONTACT INFORMATION:

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

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

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

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

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

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Email Address: \_\_\_\_\_

## Subscription Fee Amount: (Please select one)

- |                          |                                       |                       |
|--------------------------|---------------------------------------|-----------------------|
| <input type="checkbox"/> | Personal Care Products Council Member | \$495.00 USD per user |
| <input type="checkbox"/> | Non Member                            | \$995.00 USD per user |

**IMPORTANT: This subscription fee is for ONE user access.**

## PAYMENT INFORMATION & BILLING CONTACT:

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**

**Access will be assigned within 8-10 business days. Please note you are purchasing one account access which is assigned to the person indicated on this form.**