

WEBINAR REGISTRATION FORM

Cleaning and Sanitization for the Manufacture of Personal Care Products

Thursday, November 6, 2008

12:30pm to 2:00pm EDT

CONTACT INFORMATION:

Name: _____ Title: _____

Company Name: _____

Phone: () _____ Fax: _____

Email Address: _____ **(REQUIRED)**

Company Address: _____

City: _____ State: _____ Zip: _____

REGISTRATION FEES:

Member \$295 _____

Non Member \$425 _____

MICROBIOLOGY GUIDELINES

Member ~~\$350~~ \$250 x _____

Non Member ~~\$450~~ \$350 x _____

Shipping and Handling Domestic \$25 _____
International \$85 _____
TOTAL _____

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 17th 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