



PRIVATE MEETING SPACE RESERVATIONS

Meeting Space Contact Information

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Private Meeting Selection

Select	Space	Fee
<input type="checkbox"/>	Grand Cabana	\$3000
<input type="checkbox"/>	Beach Bungalow	\$5000
<input type="checkbox"/>	Ocean Gazebo	\$8000 or \$5000/day
<input type="checkbox"/>	Ocean Terrace	\$8000 or \$5000/day
<input type="checkbox"/>	Gold Room	\$8000 or \$5000/day
<input type="checkbox"/>	Magnolia Room	\$8000 or \$5000/day
<input type="checkbox"/>	Gulf Stream Room	\$2500 or \$1000/day
<input type="checkbox"/>	South Mezzanine Room	\$2500 or \$1000/day

For single day reservations, note dates room is needed: _____

Payment Information

Please check appropriate method of payment:

Check Enclosed Check Number: _____

American Express Visa MasterCard

Card Number: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

Credit Card payments may be faxed to 202.331.1969. Please make checks payable to the Personal Care Products Council and mail to: Meetings Dept, 1101 17th St., NW, Suite 300, 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, 2011.** Registration fees are transferable to another delegate within your company.