

2010

SCIENCE SYMPOSIUM

Marriott Newark International Airport Hotel
Wednesday, October 27– Thursday, October 28, 2010
Newark, New Jersey

Registrant Information

Name: _____ Badge Name: _____
 Title: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email Address: _____

Registration Fees			Member	Non Member	Gov't/ Student Academia
INDIVIDUAL	<input type="checkbox"/> One Day	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	\$695	\$895	\$195
	<input type="checkbox"/> Full		\$895	\$1295	\$295
TEAM*	<input type="checkbox"/> One Day	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	\$495**	N/A	N/A
	<input type="checkbox"/> Full		\$795**	N/A	N/A
TOTAL REGISTRATION FEE					
* To qualify for team pricing, 4 or more individuals from your company must register at the day or full rate. **Team pricing noted above is per person.					

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: The Meetings Department, 1101 17th Street, N.W., Suite 300, Washington, D.C. 20036.

Cancellation Policy: Cancellations received in writing by October 2 will receive a 50% refund of the registration payment. **There will be no refunds for cancellations received after October 2, 2010.** Registration fees are transferable to another delegate within your company.

WEB