



# 16th ANNUAL Meeting and Training Symposium

February 24th thru February 27th, 2009

Florida Hotel and Convention Center

1500 Sand Lake Road

Orlando, FL 32809

For room reservations call 1-800-588-4656

Ask for the International Consumer Product Health and Safety Organization's Discount

Group ID number: 4697

**Room Rate: \$169.00 Single/Double Occupancy**

Rates are available until January 23rd, 2009 or until the room block is full.

ICPHSO EIN #: 52-2048606

## CONFERENCE REGISTRATION FORM

Registration Type	Before Jan 23rd	After Jan 23rd	Amount
<b>* Four Days - February 24th to February 27th, 2008</b> Day one: Recreational Products. Day two: Workshops and Updates. Day three: CPSC Day Day four: Workshops/Closing * Fee includes: 4 breakfasts, 3 lunches, beverage breaks, and 2 receptions			
Government, Academia, or Consumer Organization:	\$470.00	\$520.00	
All other:	\$625.00	\$750.00	
<b>** Three Days - February 25th to February 27th, 2008</b> Day one: Workshops and Updates. Day two: Workshops and Updates (CPSC Day) Day three: Workshops/Closing ** Fee includes: 3 breakfasts, 2 lunches, beverage breaks and 2 receptions			
Government, Academia, or Consumer Organization:	\$370.00	\$420.00	
All other:	\$525.00	\$575.00	
<b>*** One Day - February 24th, 2008</b> Recreational Products Only *** Fee includes: Breakfast, lunch, beverage breaks.			
Government, Academia, or Consumer Organization:	\$175.00	\$225.00	
All other:	\$275.00	\$325.00	

### Member Benefits Discounts

If you are a ICPHSO member in good standing, you are entitled to use your one-time Member benefit discount for any ICPHSO conference registration or one workshop held during your membership period. If you have not utilized this benefit and wish to use it for this conference, please indicate so below.  
(This will be verified before discount is given.)

<input type="checkbox"/>	I have a Business Membership and want to use my Member Benefit Discount	-150.00
<input type="checkbox"/>	I have a Non-Business Membership and want to use my Member Benefit Discount	-50.00
<input type="checkbox"/>	I am Additional Business Member and want to use my Member Benefit Discount	-50.00
<input type="checkbox"/>	I have physical or dietary concerns. Please give us a brief description _____	
<input type="checkbox"/>	Newcomer: This will be my first ICPHSO Meeting and Training Symposium	
<input type="checkbox"/>	I am a Exhibitor <input type="checkbox"/> I am a Sponsor	
Send me information about becoming a <input type="checkbox"/> Exhibitor or <input type="checkbox"/> Sponsor		
<b>TOTAL:</b>		

### PAYMENT INFORMATION

Please enter your name, as you would like it to appear on your name badge and in the attendee directory.

First Name:	Last Name:		
Title:			
Company:			
Address:			
City:	State:	Zip:	Country:
Work Phone:		Work Fax:	
E-mail:			

### Card Holder INFORMATION

Visa  MasterCard  American Express  Discover

First Name:	Middle Initial:	Last Name:	
Address:			
City:	State:	Zip:	Country:
Credit Card Number:			
Exp Date:	Sec Code:		
Signature of Card Holder:			

International Consumer Product Health and Safety Organization

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<http://www.icphso.org>