

wINCI Order Form

CONTACT INFORMATION:

Name: _____

Title: _____

Company Name: _____

Company Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Fax: _____

Email Address: _____

Subscription Fee Amount: (Please select one)		
<input type="checkbox"/>	CCTFA Member	\$535.00 USD per user
<input type="checkbox"/>	Non Member	\$995.00 USD per user

IMPORTANT: This subscription fee is for ONE user access and is valid for one year.

PAYMENT INFORMATION & BILLING CONTACT:

All payments are in **US Funds ONLY**.

Please check the appropriate method of payment

CHEQUE ENCLOSED Cheque Number: _____ Cheque Date: _____

CREDIT CARD Please Charge My: Master Card VISA AMEX

Card Number: _____ Expiration Date: _____

Card Name: _____ Signature: _____

Please make cheques payable to *Personal Care Products Council*.

Send form with payment in US Funds to the *Canadian Cosmetic, Toiletry and Fragrance Association* at:

420 Britannia Rd E, Suite 102, Mississauga, Ontario L4Z 3L5 Canada, fax: 1.905.890.2607, or email cetmanskie@cctfa.ca.

Attention: Catharine Etmanskie

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.