

# 2017 ANNUAL MEETING & TRAINING SYMPOSIUM

*Evaluating &  
Managing Risk in  
Product Safety*



## February 20-23, 2017

Hyatt Regency Grand Cypress Hotel  
Orlando, Florida

### ATTENDEE 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/POSTAL CODE

WORK PHONE

WORK FAX

WORK EMAIL

#### Please Indicate which Day/s you will be Attending

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday

#### This will be my First ICPHSO Meeting & Training Symposium

☐ Yes ☐ No

#### Please Select the Industry you are Best Associated with:

☐ Manufacturers ☐ Retailers ☐ Law Firms ☐ Media  
☐ Consultants ☐ Academia ☐ Consumers ☐ Injury Prevention  
☐ Certification/Testing Laboratories ☐ Industry & Trade Associations  
☐ Government: US ☐ Government: Global  
☐ Other (please specify): \_\_\_\_\_

### LET US KNOW

#### Conference Attendee List Opt Out:

Please check the appropriate circle below to let us know how much of your information we should include in the Attendee List.

**Note:** One of the primary benefits of this meeting is networking!  
Including your contact information makes this a lot easier.

☐ Name, Title, Company & Email ☐ Don't Include My Information  
☐ Name, Company, Address, Phone Number & E-mail  
☐ I have Physical or Dietary Concerns

Please give us a brief description: \_\_\_\_\_

#### PLEASE Submit this Form with Payment to ICPHSO Via:

**MAIL** 11130 Sunrise Valley Drive | Suite 350 | Reston, VA 20191

**FAX** 703.435.4390 OR **EMAIL** treddy@drohanmgmt.com

International Consumer Product Health & Safety Organization | [www.icphso.org](http://www.icphso.org)

ICPHSO EIN #: 52-2048606

#### REGISTRATION TYPE

##### MEMBERS

##### ONSITE

Government, Academia,  
or Consumer Organization

\$ 625

One Day\*

\$ 245

All Other

\$ 875

One Day\*

\$ 535

##### NON-MEMBERS

Government, Academia,  
or Consumer Organization

\$ 800

One Day\*

\$ 295

All Other

\$ 1,275

One Day\*

\$ 590

**TOTAL:**

**\$**

\*Fee includes: All breakfasts, lunches, breaks, receptions  
and workshops on days of attendance.

VISIT [www.icphso.org](http://www.icphso.org) for Hotel, Agenda and Schedule.

### PAYMENT INFORMATION

☐ Check (Payable to ICPHSO in US \$) ☐ Wire Transfer  
☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

FIRST NAME / LAST NAME

ADDRESS

CITY

STATE/ZIP

COUNTRY/POSTAL CODE

CREDIT CARD NUMBER

EXP DATE

SEC CODE

CARDHOLDER NAME

CARDHOLDER SIGNATURE