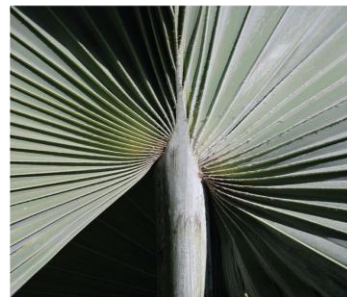
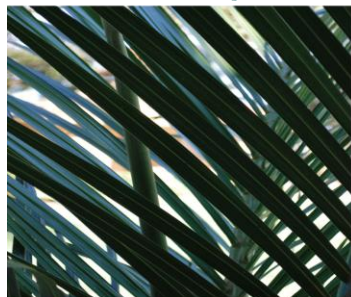


The Chlorine Free Products Association invites you to...
Realize your sustainable potential at:



Participant Information

THE SUMMIT
January 27,28, 2010

Name: _____
 Title: _____
 Organization: _____
 Address: _____
 City: _____
 State: _____ Postal Code/Country: _____
 Phone: _____
 Email: _____

Registration accepted as long as availability permits

*For Agenda, registration form, additional participant form and hotel info go to:
<http://www.chlorinefreeproducts.org/events.htm>

*Email your completed form then mail along with a check, or money order to:

Chlorine Free Products Association
 1304 S. Main Street Algonquin, IL 60102



Hotel Information: Savoy Hotel - 425 Ocean Drive, Miami Beach, FL 33139 800.23.SAVOY

T 305.532.8922 F 305.538.4884 www.savoymiami.com

Reference: Chlorine Free Products to receive room discount.

26th Jan – 29th Jan 2010 \$185/night - RSVP by December 15, 2010 directly to the hotel

Payment Information

<input type="checkbox"/> I will be attending the entire program	\$400
<input type="checkbox"/> I will be attending the Roundtable Only 28 th January 2010	\$125
<input type="checkbox"/> I will be attending only the dinner 28th January 2010	\$175
<input type="checkbox"/> I will be bringing a guest to the dinner	\$150

* Accompanied with Summit attendee

Special Menu Required

*There is a special registration discount of \$300 for all speakers, college and university representatives and non-profits.

Total Registration fee _____

All monies due at the time of
 Registration - No refunds after
 January 1, 2010

Questions contact us at:

Kristine@chlorinefreeproducts.org

847-658-6104

Check or money order (Payable to: Chlorine Free Products Association)

Wire transfer (Call 847-658-6104 for further information)