

COSMOPROF NORTH AMERICA 2010
REIMBURSEMENT FORM

NAME: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

To qualify for the Travel Reimbursement of **up to \$150.00, this form must be signed by four different companies: It should be SIGNED by a PRINCIPAL of three different exhibiting manufacturers' representative companies on the Cosmoprof North America trade show floor and a one signature by a representative of the Professional Beauty Association.** This form must be submitted with **photocopies of your receipts** from your **hotel bill** no later than **September 1, 2010.** You **must** stay at one of the hotels with in the CPNA hotel block; however, this offer is based on two complimentary nights at the Excalibur Hotel and Casino. To make hotel room reservations please call the CPNA housing company at 800-826-8133 or go on line at www.cosmoprofnorthamerica.com/visitors/hotel&travel No need to mention this program as reimbursement is handled after the event has concluded. No checks will be cut for reimbursement on site during the event. **No exceptions!** Checks will be cut within (30) days of receipt of request in PBA office. Remember you must have a **total** of (4) signatures; (3) from exhibiting manufacture rep groups and (1) from the PBA.

For a complete listing of Manufacturer Representatives please go to the Cosmoprof website:
(www.cosmoprofnorthamerica.com.)

MANUFACTURERS' REPRESENTATIVE PRINCIPAL'S SIGNATURES
(Only rep groups, not manufacturers, may sign this form. No exceptions)

1) Name: _____ Group: PROFESSIONAL BEAUTY ASSOCIATE MEMBERSHIP BOOTH

2) Name: _____ Group: _____

3) Name: _____ Group: _____

4) Name: _____ Group: _____

Please Mail original with signatures to: (DON'T FORGET OFFICIAL HOTEL RECEIPTS)
Cosmoprof North America 2010
C/o Ebony King, CPNA Coordinator
15825 North 71st Street Suite 100
Scottsdale, AZ 85254

NO LATER THAN September 1st, 2010