

ARTHUR W. PAGE SOCIETY

Arthur W. Page Society  
Individual Membership Application

- ☐ I accept the invitation to join the Arthur W. Page Society.  
☐ I cannot accept the invitation at this time.

Current Contact Information (Please confirm and correct all fields or staple your business card here):

Name: **Rodolfo Witzig Guttilla**  
Title: **Director of Corporate Affairs**  
Organization: **Natura Cosméticos S.A.**  
Address: **Rod. Anhanguera, KM 30,5**  
City: **Cajamar - San Paulo** Country: **Brazil** Code: **07750-000**  
Phone: **+5511 4446-2561** Fax:  
E-Mail: **rodolfoguttilla@natura.net**

Home address (please include so that your membership materials can always reach you):

Address: RUA ALBERTO FALIA, 1696  
City: SÃO PAULO State: SP Zip: 05459002  
Phone: 5511 30226815 Fax: 5511 30224804

In order to enhance your ability to network with your peers within the Page Society, please choose up to three functional areas for which you would be willing to accept a call or question from a Page Society member.

- |  |   |
|--|---|
| <input type="radio"/> Advertising & Marketing                        | <input type="radio"/> Integrated Marketing Communications |
| <input checked="" type="radio"/> Brand Management                    | <input type="radio"/> Investor Relations                  |
| <input type="radio"/> Community Relations                            | <input type="radio"/> Issues Management                   |
| <input type="radio"/> Corporate Governance                           | <input checked="" type="radio"/> Media Relations          |
| <input type="radio"/> Crisis Management                              | <input type="radio"/> Reputation Management               |
| <input type="radio"/> Customer Relations                             | <input type="radio"/> Social Responsibility               |
| <input checked="" type="radio"/> Government Relations/Public Affairs | <input type="radio"/> Other                               |
| <input type="radio"/> Employee Comms./Internal Relations             |   |

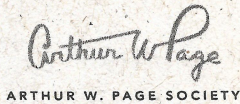
Many members are active engaged within the Society and participate on committees and other areas of interest. If you want to be more involved, please use the reverse of this form to indicate your interest(s).

Please use the reverse of this form to describe what you expect from the Arthur Page Society.

Membership will be activated upon receipt of your pro-rated annual membership dues of \$697.50. (Please see attached invoice.)

Arthur W. Page Society dues may be deducted as an ordinary business expense.  
Other donations and underwriting may be deducted as charitable contributions.





Arthur W. Page Society  
317 Madison Avenue, Suite #2320  
New York, NY 10017  
www.awpagesociety.com  
Phone 212-400-7959  
Fax 212-922-9198

# INVOICE

Number: 697941

Federal Employer ID: 23-2290568

DATE

CONTACT

6/24/2009

16181

Rodolfo Guttilla  
Chairman of the Board, (CCO, Natura, Inc.)  
ABERJE-Brazilian Association of Business Communication  
Av. Angelica, 1757 - 12. andar  
Sao Paulo 01227-200  
Brazil

WORK +5511 3662-3990  
CELL PHO +5511 8102-9025

ITEM	QTY	FEE	TOTAL
1. Membership, Individual New. Pro-rated 1/2 annual dues	1.00 YR	697.50	697.50
Order Subtotal:			697.50
Payment Received:			0.00
Total Due:			697.50



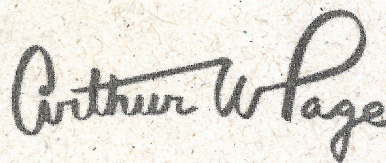
Please Return this Portion with your Payment

Date: 6/24/2009 Contact: 16181 Invoice: 697941

Amount Enclosed: \$697.50

ITEM	FEE	DUE	Checks payable in US Dollars Only
> Membership, Individual New	697.50	697.50	A \$10 handling fee will be added to all credit card charges. [ ] Check [ ] Visa [ ] Mastercard [ ] AMEX
Total Due		697.50	Card # _____
			Name: _____
			Address: _____
			City: _____ St: _____ Zip: _____
			Expire Date: _____ CVV2: _____
			Signature: _____





ARTHUR W. PAGE SOCIETY

## 26<sup>th</sup> ANNUAL CONFERENCE SEPTEMBER 13-15, 2009

Four Season Hotel Chicago  
120 East Delaware Place, Chicago, Illinois

### MEMBER

Full Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone, Fax \_\_\_\_\_

Email \_\_\_\_\_

Special Dietary Restrictions: \_\_\_\_\_

### SPOUSE/COMPANION

Full Name \_\_\_\_\_

Preferred Name for Badge \_\_\_\_\_

CATEGORY	REGISTRATION FEE BY AUGUST 1	LATE REGISTRATION FEE AFTER AUGUST 1
<input type="checkbox"/> Individual Member Registration	\$1,895	\$2,295
<input type="checkbox"/> Educator/Life Member Registration	\$895	\$1,045
<input type="checkbox"/> Honorary Member Registration	\$0	\$0
<input type="checkbox"/> Spouse/Companion Registration	\$695	\$795

### PAYMENT METHOD

☐ **Check** in the amount of \$ \_\_\_\_\_ .00 is enclosed.

☐ **Credit Card Authorization**   ☐ MasterCard   ☐ VISA   ☐ American Express  
(Note: A \$10 handling fee will be added to all credit card charges.)

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CV2 \_\_\_\_\_

Signature \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

### HOTEL RESERVATIONS

Please call The Four Seasons Hotel Chicago directly at **1 (312) 280-8400**. You may also reserve online.  
Call or book by **August 18, 2009** for the group rate of \$295 (King) plus taxes. Please be sure to  
mention the Arthur W. Page Society to receive the group rate.

### REGISTRATION FEES ARE NON REFUNDABLE & NON TRANSFERABLE

Fax or mail completed registration form and your payment to:  
Arthur W. Page Society, 317 Madison Avenue, Suite 2320, NY, NY 10017  
Phone: 212-400-7959 Fax: 212-922-9198