

COSMED REGULATORY MONITORING SUBSCRIPTION FORM

COSMED Regulatory Monitoring covers the regulation of cosmetic products from more than **120 countries**.

COSMED Regulatory Monitoring subscription includes :

- The reception of alerts by email, updated with each regulatory change;
- Regulatory Assistance, allowing you to ask your questions to a specialized team;
- Direct access to applicable texts, tables of substances, reports, summaries ... (3000 files);
- Targeted search by keyword, geographic area, product type.

YOUR PERSONAL INFORMATION

Last Name : First Name:.....
 Position : Phone :
 E-mail :

YOUR COMPANY

Company :
 Invoice address:
 ZIP : City :
 Phone :
 Size of company :

Does your company belong to a group? If so, which one ? :

Company's total workforce (*All companies with cosmetic activity*) :

Origin of the subscription

Professional Association	COSMED Regulatory Monitoring	Trade Exhibitions	Word of mouth	
Web site	COSMED Webinar	Cosmed Events		

YOUR SUBSCRIPTION

RATES applicable from 1 January 2026 to 31 December 2026

	1 BASE <input type="checkbox"/> French & European Base OR <input type="checkbox"/> International Base	2 BASES <input type="checkbox"/> Pack of 2 Bases <i>(French & European + International)</i>
COSMED MEMBER RATES*		
<input type="checkbox"/> Company with 1 to 9 employees	560€	950€
<input type="checkbox"/> Company with 10 to 49 employees	990€	1675€
<input type="checkbox"/> Company with 50 to 199 employees	1660€	2835€
<input type="checkbox"/> Company with more than 200 employees	2190€	3730€
<input type="checkbox"/> I am not an Association Member	3360€	5600€

* Any denunciation of your membership during the period of validity of your subscription to COSMED regulatory monitoring, will result in a billing supplement equal to the difference between the subscriber rate and non-adhering rate, the end of your membership and until your subscription expires.

For groups, the numbers taken into account are those of all companies with a cosmetic activity constituting the group.

YOUR CONTACTS

MAIN USER (included in subscription)

Last Name	First Name	Position	Phone	E-mail

☐ I want to get additional accesses (90€ per additional access for Member /// 140€ for non-member)

ADDITIONAL USER

Last Name	First Name	Position	Phone	E-mail

Subscription form to be completed and returned by email to elodie@cosmed.fr, with a copy of the banking transfer

☐ By banking Transfer: IBAN FR76 1009 6180 6200 0516 3860 239 BIC : CMCIFRPP

☐ **I acknowledge having read the general conditions of sale available on the site www.cosmed.fr and declare that I accept them**

To

Date/...../.....

Signature and stamp of the company:

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