



REGISTRATION FORM

How to Register

Fax: +1 732 694 1800
Online: www.icsc.org/2019CDM
Mail: ICSC
P.O. Box 419822
Boston, MA 02241-9822

Registration Fees

	Advance	On-Site
Member*	\$380	\$460
Non-Member	\$760	\$930
Public Official Member	\$95	\$125
Retailer Member**	\$0	N/A
Student Member***	\$50	N/A

*Must be an ICSC member or affiliate member—visit www.icsc.org/ membership or call +1 646 728 3800 to join.

**Advance registration is required—on-site complimentary registration is not available. Third-party retail representatives are not eligible.

***On-site student registration is not available—advance registration required.

Deadline

Advance registrations must be received by **September 6, 2019**.

Accessibility

Anyone desiring an auxiliary aid for this meeting should notify **Kerrie Bond-MacInnes** at +1 646 728 3658 no later than **August 16, 2019**.

Continuing Education Credit

ICSC-Certified professionals earn 1.0 credit (A3) towards CRRP certification renewal.

Hotel Reservations

A block of rooms has been reserved at a number of hotels. Please reserve your room today, at one of the following:

- Cambria Chicago Magnificent Mile | \$189
- DoubleTree by Hilton Chicago Magnificent Mile | \$255
- Hotel EMC2 | \$279
- W Chicago – Lakeshore | \$234

Cut-Off Date: September 25, 2019

- Fairfield Inn & Suites Chicago Downtown Magnificent Mile | \$229
- Hyatt Centric Chicago Magnificent Mile | \$269

Cut-Off Date: October 2, 2019

To make a reservation, visit www.icsc.org/2019CDM. For assistance, call +1 877 541 9876, or internationally at +1 312 527 7300.

Cancellations

All cancellations are subject to a **\$100** cancellation fee for members and non-members; **\$25** for Public Official Members and Student Members. Refunds will not be given for cancellations received after **September 6, 2019**. All requests for refunds must be received by ICSC in writing.

Terms, Conditions and Rules

This Registration Form is subject to ICSC Terms, Conditions and Rules for Event Registrants available at www.icsc.org/event-terms-and-conditions, which are hereby incorporated by reference.

Please Check One: Member Non-Member Public Official Member Student Member

Name _____ Title _____

Company _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____

Email _____ Your Membership I.D. # _____ (2019CDM)

REQUIRED FOR NON-U.S. APPLICANTS: _____
Date of Birth _____ Country of Citizenship _____

Please check here if any of the above information has recently changed.

Method of Payment (No cash accepted in advance or on site.)

Check made payable to ICSC enclosed for \$ _____ MasterCard Visa AMEX Discover \$ _____

Name (as it appears on credit card) _____ Signature _____

Credit Card Number (include all digits) _____ Expiration Date (month/year) _____