



ICSC New York Deal Making

Javits Convention Center | New York City

Tuesday, December 10 – Thursday, December 12, 2019 | #ICSCNYDM

HOW TO REGISTER

Fax: +1 732 694 1800

Online: www.icsc.com/2019EDM

Mail: ICSC

P.O. Box 419822

Boston, MA 02241-9822

REGISTRATION FEES

	Advance By Dec 6	On-Site After Dec 6
Member*	\$670	\$770
Non-Member	\$1,260	\$1,580
Student Member**	\$60	N/A

*To qualify for the member rates, each registrant must be a member or an affiliate member of ICSC. To become an ICSC member, call ICSC information services at +1 646 728 3800.

**ICSC student members are required to register in advance to receive the discounted student registration fee. No discounted registration will be offered on-site.

DEADLINES

To qualify for the advance registration rates, your registration must be received by **December 6, 2019**.

CANCELLATIONS

All cancellations will be subject to a \$100 cancellation fee. No refunds will be given for cancellations received after **October 25, 2019**. All requests for refunds must be received by ICSC in writing.

HOTEL RESERVATIONS

To make reservations visit www.icsc.com/2019EDM and click on Book Hotel.

For questions call during our office hours of Monday through Friday, 9:00 am to 7:00 pm ET at +1 855 203 8223.

CONTINUING EDUCATION CREDITS

ICSC-Certified professionals earn 1.0 credit (A3) towards **CRRP** certification renewal. Participants during the Professional Development Day will receive an additional .5 credit per session attended.

SPECIAL NEEDS

Anyone desiring an auxiliary aid for this meeting should notify **Carlos Baudett** at cbaudett@icsc.org no later than **November 15, 2019**.

BADGES

Event badges will be mailed out in advance for those who register by **October 25, 2019**.

TERMS, CONDITIONS AND RULES

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

Please Check One: ☐ ICSC Member ☐ Non-Member ☐ Student Member

Name _____ Company _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____

E-mail _____ Your Membership I.D. # _____

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

☐ 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) _____ 2019EDM