

Registration Form

How to Register

Fax: +1 732 694 1800

Online: www.icsc.org/2019PN

Mail: ICSC

P.O. Box 419822

Boston, MA 02241-9822

Registration Fee

	Advance	On-Site
Member*	\$230	\$290
Non-Member	\$345	\$430
Public Official Member	\$95	\$125
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.

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

Deadlines

Advance registrations must be received by **August 8, 2019**.

Cancellations

All cancellations are subject to a \$25 cancellation fee. Refunds will not be given for cancellations received after **August 8, 2019**.

Hotel Reservations

A block of rooms has been reserved at:

Hyatt Regency Bellevue

900 Bellevue Way NE

Bellevue, WA 98004

Rate: \$249

Cut-Off Date: July 24, 2019

To make a reservation, visit

www.icsc.org/2019PN.

For assistance, call +1 877 541 9876 or internationally at +1 312 527 7300.

Accessibility

Anyone desiring an auxiliary aid for this meeting should notify **Julia Tiberio** at **+1 646 728 3598** no later than **July 24, 2019**.

Continuing Education Credits

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

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. #

(2019PN)

REQUIRED FOR NON-U.S. APPLICANTS:

Date of Birth

Country of Citizenship

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

Methods 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)