

## REGISTRATION INFORMATION

### How to Register

**Fax:** +1 732 694 1800  
**Online:** [www.icsc.org/2019S02](http://www.icsc.org/2019S02)  
**Mail:** ICSC  
P.O. Box 419822  
Boston, MA 02241-9822

### Registration Fees

	Advance	On-Site
Member*	\$245	\$300
Non-Member	\$475	\$585
Public Official Member	\$95	\$125
Student Member**	\$50	N/A

\*Must be an ICSC member or affiliate member—visit [www.icsc.org/membership](http://www.icsc.org/membership) or call +1 646 728 3800 to join.

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

### Deadline

Advance registrations must be received by **February 15, 2019**.

### Hotel Reservations

Hilton Columbus/Polaris  
8700 Lyra Drive  
Columbus, OH

**Rate:** \$169 Single/Double Occupancy

**Cut-off Date:** **February 5, 2019**

To make a reservation, visit [www.icsc.org/2019S02](http://www.icsc.org/2019S02). For assistance, call +1 877 541 9876, or internationally at +1 312 527 7300.

### Cancellations

All cancellations are subject to a **\$25** cancellation fee. No refunds will be given for cancellations received after **February 15, 2019**. Requests for refunds must be received by ICSC in writing.

### Continuing Education Credits

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

### Special Needs

Auxiliary aids are available for this meeting. For more information, contact **Paula Camacho** at [pcamacho@icsc.org](mailto:pcamacho@icsc.org), or +1 646 728 3597 no later than **February 15, 2019**.

### 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](http://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. #	(2019S02)
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)