# **Registration Form**

# **How to Register**

Fax: +1 732 694 1800

Online: www.icsc.org/2019SC1

Mail: ICSC

P.O. Box 419822 Boston, MA 02241-9822

# **Registration Fee**

	Advance	On-Site
Member*	\$195	\$245
Non-Member	\$375	\$425
Public Official Member	\$95	\$125
Student Member**	\$50	N/A

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

#### **Deadlines**

Advance registrations must be received by

February 21, 2019.

#### **Cancellations**

All cancellations are subject to a \$25 cancellation fee. No refunds will be given for cancellations received after February 21, 2019.

# **Special Needs**

Auxiliary aids are available. For more information, contact Viera Ewell at vewell@icsc.org or

+1 310 426 2121 no later than **Februrary 7, 2019**.

# **Continuing Education Credits**

ICSC Certified professionals earn 1.0 credit (A3) towards 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-andconditions, which are hereby incorporated by reference.

Please Check One: $\square$ M	ember □Non-Member □Public	c Official Member Student Member
Name	Title	
Company		
Address		
City	State/Province	Zip/Postal Code
Telephone	Fax	
Email	Your Membership I.D. #	# (2019SC1)
REQUIRED FOR NON-U.S. AP	PLICANTS:Date of Birth	Country of Citizenship
lacksquare Please check here if any of	the above information has recently cho	anged.
Methods of Payment (	No cash accepted in advance or	onsite.)
☐ Check made payable to ICS	SC enclosed for \$	
■ MasterCard ■ Visa ■	IAMEX □ Discover \$	
Name (as it appears on credit	card) Signature	
Credit Card Number (include	all digits) Expiration Date (r	month/vear)

<sup>\*\*</sup>Advance registration required. On-site student registrations will not be accepted.