

OPTIONAL EVENT**KICK OFF RECEPTION****When**Wednesday, November 13, 2019
4:30 – 6:30 pm**Where**SkyLounge at the Glenn Hotel
110 Marietta Street NW
Atlanta, GA 30303**Fee****\$25**

Includes two drink tickets and hors d'oeuvres

Separate registration required.

Committee Contact**Andrea L. Kenney**

Tel: +1 404 846 4018

Email: akenney@cororealty.com

ICSC Contact**Katie O'Hare**

Tel: +1 646 728 3504

Email: cohare@icsc.org

Terms, Conditions and RulesThis 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

Name		Title
Company		
Address		
City	State/Province	Zip/Postal Code
Telephone	Fax	
Email	Your Membership I.D. #	(2019SE)
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)