

REGISTRATION FORM

How to Register

Fax: +1 732 694 1800

Online: www.icsc.org/2019SE

Mail: ICSC

P.O. Box 419822

Boston, MA 02241-9822

Registration Fees

	Advance	On-Site
Member*	\$400	\$500
Non-Member	\$800	\$1,000
Public Official Member	\$95	\$125
Retailer Member**	\$0	N/A
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.

**Advance registration is required—on-site complimentary registration is not available. Third-party retail representatives are not eligible.

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

Deadline

Advance registrations must be received by **October 11, 2019**.

Continuing Education Credit

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

Hotel Reservations

A block of rooms has been reserved at:

Omni Atlanta Hotel at CNN Center

100 CNN Center

Atlanta, GA 30330

Rate: \$210.00

Cut-Off Date: October 28, 2019

To make a reservation, visit www.icsc.org/2019SE. For assistance, call +1 877 541 9876, or internationally at +1 312 527 7300.

Cancellations

All cancellations are subject to a **\$100** cancellation fee for members and non-members; **\$25** for Public Official Members and Student Members. Refunds will not be given for cancellations received after **October 11, 2019**. All requests for refunds must be received by ICSC in writing.

Accessibility

Anyone desiring an auxiliary aid for this event should notify **Catherine O'Hare** at +1 646 728 3504 no later than **October 11, 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, 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. # _____ (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 (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) _____