

Registration Form

How to Register

Fax: +1 732 694 1800
Online: www.icsc.org/2019TK
Mail: ICSC
 P.O. Box 419822
 Boston, MA 02241-9822

Registration Fee

	Advance	On-Site
Member*	\$190	\$230
Non-Member	\$395	\$490
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 **July 15, 2019**.

Cancellations

All cancellations are subject to a \$25 cancellation fee. Refunds will not be given for cancellations received after **July 15, 2019**.

Hotel Reservations

A block of rooms has been reserved at:

Thompson Nashville
 401 11th Avenue South
 Nashville, TN 37203

Rate: \$249

Cut-Off Date: July 1, 2019

To make a reservation, visit www.icsc.org/2019TK.

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 **Theresa Orlando** at +1 646 728 3671 no later than **July 1, 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. # _____ (2019TK)

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) _____