

Registration Form

How to Register

Fax: +1 732 694 1800

Online: www.icsc.org/2019WF

Mail: ICSC

P.O. Box 419822

Boston, MA 02241-9822

Registration Fee

	Advance	On-Site
Member*	\$220	\$275
Non-Member	\$505	\$570
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 **February 6, 2019**.

Cancellations

All cancellations are subject to a \$25 cancellation fee. No refunds will be given for cancellations received after **February 6, 2019**.

Hotel Reservations

A block of rooms has been reserved at:

The Westin Tampa Waterside

725 South Harbour Island Boulevard
Tampa, FL 33602

Rate: \$219

Cut-Off Date: January 22, 2019

To make a reservation, visit

www.icsc.org/2019WF.

For assistance, call +1 877 541 9876 or internationally at +1 312 527 7300.

Special Needs

Auxiliary aids are available. For more information, contact Julia Tiberio at jtiberio@icsc.org or +1 646 728 3598 no later than **January 2, 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. # _____ (2019WF)

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) _____