

REGISTRATION FORM

How to Register

Fax: +1 732 694 1800
Online: www.icsc.org/2019WS
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 is required.

Deadline

Advance registrations must be received by **September 6, 2019**.

Accessibility

Anyone desiring an auxiliary aid for this meeting should notify **Casey Adams** at **+1 917 488 5694** no later than **August 16, 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 a number of hotels. Please reserve your room today, at one of the following:

- Intercontinental Los Angeles Downtown | \$309
- Hotel Indigo Los Angeles Downtown | \$289
- Luxe City Center Hotel | \$259
- Courtyard Marriott L.A. Live | \$293
- Residence Inn L.A. Live | \$303
- The Ritz-Carlton | \$399

Cut-Off Date: August 26, 2019

To make a reservation, visit www.icsc.org/2019WS. 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 **August 16, 2019**. All requests for refunds must be received by ICSC in writing.

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. #	(2019WS)
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)