

REGISTRATION FORM

How to Register

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

Registration Fees

	Advance	On-Site
Member*	\$425	\$550
Non-Member	\$755	\$965
Restaurant Owner/Employee**	\$215	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.

**Must be an ICSC member and a restaurant owner or restaurant employee.

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

Deadline

Advance registrations must be received by **April 2, 2019**.

Cancellations

All cancellations are subject to a **\$100** cancellation fee for Members and Non-Members; **\$25** for Student Members. No refunds will be given for cancellations received after **April 2, 2019**.

Hotel Reservations

A block of rooms has been reserved at:

Roosevelt New Orleans
 130 Roosevelt Way
 New Orleans, LA 70112
Rate: \$259 Deluxe King or Queen
Cut-Off Date: March 26, 2019

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

Continuing Education Credit

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

Special Needs

Anyone desiring an auxiliary aid for this meeting should notify **Ester Vivona** at evivona@icsc.org +1 646 728 3647 no later than **March 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 Restaurant Owner/Employee Student Member

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

REQUIRED FOR NON-U.S. APPLICANTS: _____

Date of Birth	Country of Citizenship
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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)