



ICSC New York Deal Making

Javits Convention Center | New York City
Tuesday, December 10 – Thursday, December 12, 2019 | #ICSCNYDM

HOW TO REGISTER

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

HOTEL RESERVATIONS

To make reservations visit www.icsc.org/2019EDM and click on Book Hotel. For questions call during our office hours of Monday through Friday, 9:00 am to 7:00 pm ET at +1 855 203 8223.

CONTINUING EDUCATION CREDITS

ICSC-Certified professionals earn 1.0 credit (A3) towards CRRP certification renewal. Participants during the Professional Development Day will receive an additional .5 credit per session attended.

REGISTRATION FEES

	Early Bird By Sept 6	Advance By Dec 6	On-Site After Dec 6
Member*	\$575	\$670	\$770
Non-Member	\$1,260	\$1,260	\$1,580
Student Member**	\$60	\$60	N/A

*To qualify for the member rates, each registrant must be a member or an affiliate member of ICSC. To become an ICSC member, call ICSC information services at +1 646 728 3800.

**ICSC student members are required to register in advance to receive the discounted student registration fee. No discounted registration will be offered on-site.

SPECIAL NEEDS

Anyone desiring an auxiliary aid for this meeting should notify **Carlos Baudett** at cbaudett@icsc.org no later than **November 15, 2019**.

PHOTO ID BADGES REQUIRED

All attendees and exhibitors are required to have an ICSC-issued color photo badge for access. Badges will be mailed out in advance for those who register and submit an acceptable photo by **October 25, 2019**. Please visit www.icsc.org/2019EDM to register and submit a photo.

DEADLINES

To qualify for the advance registration rates, your registration must be received by **December 6, 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.

CANCELLATIONS

All cancellations will be subject to a \$25 cancellation fee. No refunds will be given for cancellations received after **October 25, 2019**. All requests for refunds must be received by ICSC in writing.

Please Check One: ICSC Member Non-Member Student Member

Name _____ Company _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____

E-mail _____ Your Membership I.D. # _____

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

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) _____ 2019EDM