

## REGISTRATION FORM

### How to Register

**Fax:** +1 732 694 1800  
**Online:** [www.icsc.org/2019RC](http://www.icsc.org/2019RC)  
**Mail:** ICSC  
 P.O. Box 419822  
 Boston, MA 02241-9822

### Registration Fees

	Advance	On-Site
Member*	\$465	\$580
Non-Member	\$820	\$1,015
Student Member**	\$50	N/A

\*Must be an ICSC member or affiliate member—visit [www.icsc.org/](http://www.icsc.org/) membership or call +1 646 728 3800 to join. .

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

### Deadline

Advance registrations must be received by **October 14, 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:

**Mandarin Oriental**  
 500 Brickell Key Drive  
 Miami, FL 3313

**Rate:** \$299

**Cut-Off Date:** October 7, 2019

To make a reservation, visit [www.icsc.org/2019RC](http://www.icsc.org/2019RC). 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 Student Members. Refunds will not be given for cancellations received after **October 14, 2019**. All requests for refunds must be received by ICSC in writing.

### Accessibility

Anyone desiring an auxiliary aid for this event should notify **Ester Vivona** at +1 646 728 3647 no later than **October 4, 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](http://www.icsc.org/event-terms-and-conditions), which are hereby incorporated by reference.

Please Check One:    Member             Non-Member             Student Member

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Your Membership I.D. # \_\_\_\_\_ (2019RC)

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) \_\_\_\_\_