

REGISTRATION FORM

How to Register

Fax: +1 732 694 1800 Online: www.icsc.org/2020BC Canada Post Deliveries: Bank of America, National Association, Canada Branch International Council of Shopping Centers C/O Lockbox 918770 P.O. Box 4090 STN A Toronto, ON M5W 0E9 For Courier Delivery Only: Bank of America Lockbox Services Lockbox 918770 181 Bay Street 5th Floor Toronto, ON M5J 2V8

Registration Fees

	Advance ends 12/20/2019	with 5% GST
Member*	\$455.00	\$477.75
Non-Member	\$625.00	\$656.25
Public Official Member*	\$315.00	\$330.75
Public Official Non-Member	\$625.00	\$656.25
Student Member**	\$47.62	\$50.00
Retailer (Member or Non-Member)	\$0	\$0
	On-Site	with 5% GST
Member*	\$560.00	\$588.00
Non-Member	\$750.00	\$787.50

Retailer (Member or Non-Member)	\$0	\$0
Public Official Member*	\$315.00	\$330.75
Public Official Non-Member	\$750.00	\$787.50

*Must be an ICSC member or affiliate member—visit www.icsc.org/membership to join.

**Advance registration only-on-site registration is not available.

Deadline

Advance registrations must be received by December 20, 2019.

Hotel Reservations

To make a reservation, visit www.icsc.org/2020BC and click on Book Hotel. For assistance, call during our office hours of Monday through Friday, 9:00 am to 7:00 pm ET at +1 312 527 7300.

Cancellations

All cancellations are subject to a \$100 cancellation fee. No refunds will be given for cancellations received after **December 20, 2019**.

Accessibility

Anyone desiring an auxiliary aid for this meeting should notify Brenda Carter at +1 416 486 4511 no later than December 6, 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/events-terms-and conditions, which are hereby incorporated by reference.

Please Check: Member Non-Member Public Official Member Public Official Non-Member

Retailer (Complimentary) Student Member

Name	Title	
Company		
Address		
City	State/Province	Zip/Postal Code
Telephone	Fax	
Email	Your Membership I.D. #	(2020BC)
REQUIRED FOR NON-U.S. APPLICANTS:		
	Date of Birth	Country of Citizenship
Please check here if any of the above information has recently cha	nged.	
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)