

REGISTRATION FORM

How to Register

Fax: +1 732 694 1800
Online: www.icsc.com/2020FFT
Mail: ICSC
 P.O. Box 419822
 Boston, MA 02241-9822

Registration Fees

	Advance	On-Site
Member*	\$450	\$575
Non-Member	\$780	\$990
Restaurant Owner/Employee**	\$225	N/A
Student Member***	\$50	N/A

*Must be an ICSC member or affiliate member—visit www.icsc.com/ 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 required.

Deadline

Advance registrations must be received by **February 24, 2020**.

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:

Fairmont Miramar Hotels & Bungalows
 101 Wilshire Boulevard
 Santa Monica, CA 90401
Rate: \$345
Cut-Off Date: February 17, 2020

To make a reservation, visit www.icsc.com/2020FFT. 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 **February 24, 2020**. 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 **February 3, 2020**.

Terms, Conditions and Rules

This Registration Form is subject to ICSC Terms, Conditions and Rules for Event Registrants available at www.icsc.com/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. # _____ (2020FFT)

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) _____