

REGISTRATION FORM

How to Register

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

Registration Fees

	Advance	On-Site
Member*	\$370	\$445
Non-Member	\$720	\$870
Public Official Member	\$95	\$125
Retailer Member**	\$0	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.

**Advance registration is required—there is no on-site complimentary registration. Third-party retail representatives are not eligible.

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

Deadline

Advance registrations must be received by **March 2, 2020**.

Hotel Reservations

A block of rooms has been reserved at:

Portola Hotel & Spa
Two Portola Plaza
Monterey, CA 93940
Rate: \$241 Single/Double Occupancy
Cut-Off Date: Tuesday, February 19, 2020

To make a reservation, visit www.icsc.com/2020MC. 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.

Cancellations

All cancellations are subject to a **\$100** cancellation fee (\$25 for Public Official/Student Members). No refunds will be given for cancellations received after **March 2, 2020**.

Special Needs

Anyone desiring an auxiliary aid for this meeting should notify **Megan McHale** at +1 646 728 3658 no later than **February 1, 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
 Retailer Member (*online registration only*) Student Member

Name		Title	
Company			
Address			
City		State/Province	Zip/Postal Code
Telephone		Fax	
Email		Your Membership I.D. #	(2020MC)
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)