REGISTRATION FORM

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

Registration Fees

<table>
<thead>
<tr>
<th></th>
<th>Advance</th>
<th>On-Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member*</td>
<td>$250</td>
<td>$310</td>
</tr>
<tr>
<td>Non-Member</td>
<td>$475</td>
<td>$595</td>
</tr>
<tr>
<td>Public Official Member</td>
<td>$95</td>
<td>$125</td>
</tr>
<tr>
<td>Retailer Member**</td>
<td>$0</td>
<td>N/A</td>
</tr>
<tr>
<td>Student Member***</td>
<td>$50</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*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—on-site complimentary registration is not available. Third-party retail representatives are not eligible.
***On-site student registration is not available—advance registration required.

Deadline
Advance registrations must be received by March 13, 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:
Westin Charlotte
601 South College Street
Charlotte, NC 28202
Rate: $239
Cut-Off Date: March 2, 2020
To make a reservation, visit www.icsc.com/2020NC. 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 March 2, 2020. All requests for refunds must be received by ICSC in writing.

Accessibility
Anyone desiring an auxiliary aid for this event should notify Catherine O’Hare at +1 646 728 3504 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.

REGISTRATION FORM

Please Check One: □ Member □ Non-Member □ Public Official Member □ Student Member

Name __________________________ Title __________________________

Company __________________________

Address __________________________

City __________________________ State/Province __________________________ Zip/Postal Code __________________________

Telephone __________________________ Fax __________________________

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) __________________________