

## REGISTRATION FORM

### How to Register

Fax: +1 732 694 1800

Online: [www.icsc.com/2020NC](http://www.icsc.com/2020NC)

Mail: ICSC

P.O. Box 419822

Boston, MA 02241-9822

### Registration Fees

	Advance	On-Site
Member*	\$250	\$310
Non-Member	\$475	\$595
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/](http://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 2, 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](http://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](http://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. # \_\_\_\_\_ (2020NC)

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) \_\_\_\_\_