

REGISTRATION FORM

How to Register

Fax: +1 732 694 1800

Online: www.icsc.com/2020nexus

Mail: ICSC

P.O. Box 419822

Boston, MA 02241-9822

Registration Fees

	Early Bird Deadline 12/2/2019	Advance Deadline 1/15/2020	On-Site
Member*	\$695	\$795	\$970
Non-Member	\$995	\$1,145	\$1,315
Student Member**	\$50	\$50	N/A
Retailer Member*	\$295	\$325	\$375
Retailer Non-Member	\$415	\$450	\$520

*Must be an ICSC member or affiliate member—visit www.icsc.com/ membership or call +1 646 728 3800 to join.

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

Deadline

Early Bird registrations must be received by **December 2, 2019**.

Advance registrations must be received by **January 15, 2020**.

Hotel Reservations

A block of rooms has been reserved at:

Mandarin Oriental

500 Brickell Key Drive

Miami, FL 33131

Rate: \$379

Cut-Off Date: Monday, December 30, 2019

To make a reservation, visit www.icsc.com/2020nexus. 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. No refunds will be given for cancellations received after **January 15, 2020**. All requests for refunds must be received by ICSC in writing.

Accessibility

Anyone desiring an auxiliary aid for this meeting should notify **Ester Vivona** at **+1 646 728 3647** no later than **December 20, 2019**.

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 Student Member Retailer Member Retailer Non-Member

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