

# **Registration Form**

## **How to Register**

Fax: +1 732 694 1800 Online: www.icsc.com/2020SC

Mail: ICSC

P.O. Box 419822 Boston, MA 02241-9822

#### **Registration Fee**

	Advance	On-Site
Member*	\$195	\$245
Non-Member	\$375	\$425
Public Official Member	\$95	\$125
Student Member**	\$50	N/A

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

#### **Deadlines**

Advance registrations must be received by **January 23, 2020**.

## **Cancellations**

All cancellations are subject to a \$25 cancellation fee. Refunds will not be given for cancellations received after January 23, 2020.

## Accessibility

Anyone desiring an auxiliary aid for this meeting should notify **Julia Tiberio** at +1 646 728 3598 no later than **January 15**, 2020.

## **Continuing Education Credits**

ICSC-Certified professionals earn 1.0 credit (A3) towards **CRRP** certification renewal.

#### 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 [	<b>□</b> Student Me	ember
Name	Title				
Company					
Address					
City	State/Prov	ince	Zip/Post	al Code	
Telephone	Fax				
Email	Your Mem	pership I.D. #			(2020SC)
REQUIRED FOR NON-U.S. APPLICA	NTS:Date of Birt	h	Country	of Citizenship	
$\square$ Please check here if any of the ab	ove information has	recently changed.			
Methods of Payment No cash accepted in advance or or	n site.				
☐ Check made payable to ICSC end	losed for \$				
■ MasterCard ■ Visa ■ AME	X □ Discover \$				
Name (as it appears on credit card)	Signo	ture			
Credit Card Number (include all dia	its) Expir	ation Date (month)	vear)		

<sup>\*\*</sup>On-site student registration is not available—advance registration is required.