

## OPTIONAL EVENT

### TOPGOLF

**When**

Sunday, August 30, 2020  
11:00 am – 1:00 pm

**Where**

Topgolf Orlando  
9295 Universal Boulevard  
Orlando, FL 32819

**Fee**

\$80 (non-refundable)  
Fee includes lunch.

**Please Note**

Space is limited to 65 players and will be confirmed on a first-come, first-served basis.

**Golf Contact**

**Britta Eriksson**  
Tel: +1 813 609 5342  
Email: britta@leaseconomics.com

**ICSC Contact**

**Julie Quinn**  
Tel: +1 646 728 3484  
Email: jquinn@icsc.com

**Return Completed Form and Payment to**

ICSC Registration  
P.O. Box 419822  
Boston, MA 02241-9822  
Fax: +1 732 694 1800

**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.

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Your Membership I.D. # \_\_\_\_\_ (2020FL)

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**

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) \_\_\_\_\_