

REGISTRATION FORM

How to Register

Fax: +1 732 694 1800 Online: www.icsc.org/2019NE Mail: ICSC P.O. Box 419822 Boston, MA 02241-9822

Registration Fees

	Advance	On-Site
Member*	\$250	\$400
Non-Member	\$500	\$800
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.org/membership or call +1 646 728 3800 to join.

Deadline

Advance registrations must be received by July 9, 2019.

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:

The Westin Boston Waterfront 425 Summer Street Boston, MA 02210 Rate: \$275

Cut-Off Date: July 1, 2019

To make a reservation, visit www.icsc.org/2019NE. 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 July 9, 2019. All requests for refunds must be received by ICSC in writing.

Accessibility

Anyone desiring an auxiliary aid for this meeting should notify Jeanine Kelly at +1 646 728 3685 no later than June 16, 2019.

Terms, Conditions and Rules

This Registration Form is subject to ICSC Terms, Conditions and Rules for Event Registrants available at www.icsc.org/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. #		(2019NE)
REQUIRED FOR NON-U	.S. APPLICANTS:		Date of Birth	Country of Citizenship	
□ Please check here	if any of the abov	ve information has recent	ly changed.		
Method of Payme	nt (No cash accepte	d in advance or on site.)			
□ Check made paya	ble to ICSC enclo	sed for \$	□ MasterCard □ Visa [AMEX Discover \$	_
Name (as it appears on	credit card)		Signature		
 Credit Card Number (in	clude all diaits)		Expiration Date (month/year)		

^{**}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 is required.