

Capital MarketPlace

Tapping into Capital Flows

September 21, 2006 • Marriott Marquis Times Square • New York, NY

REGISTRATION FORM

How to Register

Fax: (732) 694-1800

(Credit card registrations only)

Online: www.icsc.org

(Credit card registrations only)

Mail: ICSC

P.O. Box 26958

New York, NY 10087-6958

Registration Fee

	ADVANCE	ON-SITE
Member*	\$560	\$630
Non-Member	\$660	\$730
NAIOP Member	\$560	\$630

*To qualify for the member fee, each registrant must be an ICSC or NAIOP member. A company membership does not entitle every employee of that company to membership. An affiliate membership is required.

- ICSC Member
- NAIOP Member
- ICSC and NAIOP Member

Deadlines

To be listed in the Meeting Attendees List, you must register by **September 2, 2006**.

To qualify for the advance registration fee, your registration must be received by 12:00 noon EST on **September 14, 2006**.

Cancellations

All cancellations will be subject to a \$25 cancellation fee. No refunds will be given for cancellations received after

September 14, 2006. All requests for refunds must be received by ICSC or NAIOP in writing.

Hotel Reservations

A block of rooms has been reserved at:

Marriott Marquis Times Square

1535 Broadway

New York, New York 10036

For Reservations please call: 1-800-843-4898

Rate: \$535 Single/Double Occupancy

Hotel Cut-off Date: **August 29, 2006**

Be sure to tell the hotel that you are with the ICSC meeting. Requests received after the cut-off date are subject to space and rate availability.

Airfare Savings

Call DePrez Travel at (888) ICSC-TVL (427-2885) Ext. 417 or (585) 442-8856 from 8:30 am to 5:30 pm EST for discount airfare information.

Continuing Education Credits

SCSM/SCMD: 1.5 credits; **CLS:** 1.5 credits

Special Needs

Any disabled individual desiring an auxiliary aid for this meeting should notify Donna Laterza at (646) 728-3512 or at dlaterza@icsc.org no later than **August 29, 2005**.

I authorize ICSC to send me announcements, via fax, e-mail, phone or otherwise about ICSC programs and services that may be of interest to me or my colleagues.

Name _____

Company _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____

E-mail Address _____ Your ICSC Membership I.D.# _____

Please check here if any of the above information has recently changed.

METHOD OF PAYMENT

Check or money order 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) _____