



2007 CONFERENCE ON MIXED-USE DEVELOPMENT

NOVEMBER 13-14, 2007 PARIS LAS VEGAS LAS VEGAS, NV
THE PREMIER INDUSTRY-WIDE EVENT ON WHAT'S DRIVING THIS TREND

CANCELLATIONS

All cancellations will be subject to a \$25 cancellation fee. No refunds will be given for cancellations received after **November 6, 2007**. All requests for refunds must be received by ICSC in writing.

HOTEL RESERVATIONS

A block of rooms has been reserved at:

Paris Las Vegas

3655 Las Vegas Boulevard South
 Las Vegas, NV 89109

For reservations call: +1 888 266 5687

Rate: \$189 Single/Double Occupancy

Cut-off Date: October 15, 2007

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

REGISTRATION FORM

HOW TO REGISTER

ONLINE: www.mixed-useconference.com
(Credit card registrations only)

FAX: +1 732 694 1800
(Credit card registrations only)

MAIL: ICSC
 P.O. Box 26958
 New York, NY 10087-6958

SPECIAL NEEDS

Anyone desiring an auxiliary aid for this meeting should notify Lisa Perez at +1 646 728 3513 no later than **November 1, 2007**.

REGISTRATION

(Please check the box that applies to you)

	ADVANCE	ON-SITE
<input type="checkbox"/> ICSC Member	\$390	\$470
<input type="checkbox"/> ARDA Member		
<input type="checkbox"/> IREM Member		
<input type="checkbox"/> NAIOP Member		
<input type="checkbox"/> BOMA Member		
<input type="checkbox"/> NMHC Member		
<input type="checkbox"/> ICSC Student Member	\$50	\$50
	ADVANCE	ON-SITE
<input type="checkbox"/> Non-Member	\$490	\$590

DEADLINES

To be listed in the Meeting Attendees List, you must register by **October 5, 2007**. To qualify for the advance registration fee, your registration must be received by 12:00 noon EST, **November 6, 2007**.

Member Non-Member

Name _____ Title _____

Company _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Telephone _____ Fax _____

Email _____ Membership # _____

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)

Account Number (include all digits)

Expiration Date (mo/yr)

Signature