

## RETAILER ROW TABLE REQUEST FORM

### WHEN

Wednesday, December 6 | 8:00 am – 5:00 pm  
Thursday, December 7 | 8:00 am – 3:00 pm

### INCLUDES

- 6' x 30" draped table
- 2 chairs
- Company sign

### WHO QUALIFIES

- Retailers
- Brokers representing retailers

### GUIDELINES

- Exhibits must not hang over the edge of the table
- Exhibits must not rise more than 3' above the table
- No floor easels
- No electrical equipment
- No balloons
- One table per company

### COST

There is no cost to reserve a table.

### HOW TO REQUEST A TABLE

For more information or to request a table, please visit [www.icsc.org/2017EDM](http://www.icsc.org/2017EDM).

Submit this form to Erica Biolsi at [ebiolsi@icsc.org](mailto:ebiolsi@icsc.org) and Mayuri Khemlani at [mkhemlani@icsc.org](mailto:mkhemlani@icsc.org).

### DEADLINE

In order to be listed in the Deal Making Exhibitors Directory, ICSC must receive your table request by **October 27, 2017**.

### AVAILABILITY

Tables are confirmed on a first-come, first-served basis.

### NOTIFICATION

You will receive a written Table Confirmation from ICSC two weeks prior to the meeting if a table has been reserved for you. **If you do not receive a letter regarding the status of your request, please contact Mayuri Khemlani at [mkhemlani@icsc.org](mailto:mkhemlani@icsc.org) to confirm.**

### CANCELLATION

Notify ICSC immediately if you must cancel.

### CONTACT

#### Erica Biolsi

Tel: +1 646 728 3563  
Email: [ebiolsi@icsc.org](mailto:ebiolsi@icsc.org)

#### Mayuri Khemlani

Tel: +1 646 728 3531  
Email: [mkhemlani@icsc.org](mailto:mkhemlani@icsc.org)

### TERMS, CONDITIONS AND RULES

This Application is subject to ICSC Terms, Conditions and Rules for Exhibitors available at [www.icsc.org/event-terms-and-conditions](http://www.icsc.org/event-terms-and-conditions), which are hereby incorporated by reference.

Name	Company	
Address		
City	State/Province	Zip/Postal Code
Telephone	Fax	
Email	Your Membership I.D. #	

### 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)

2017EDM