

**OPTIONAL EVENTS FORM**

**GOLF**

**When**

**Monday, July 16**  
**7:00 am – Registration**  
**8:00 am – Shotgun Start**

**Where**

Brookmeadow Country Club  
100 Everendon Road  
Canton, MA

**Fee**

\$100 (non-refundable) per player via credit card or check made payable to ICSC. Fee includes: continental breakfast, green fees, boxed lunch, and cart rental.

**Golf Contact**

Amelie Lonczak  
Tel: +1 (413) 219-5561  
Email: amelie.lonczak@gmail.com

**Please Note**

Space is limited to 144 players and will be confirmed on a first-come, first-served basis.

Please pre-arrange your foursome.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Note: Please coordinate your choices with each other.

**CITY OF BOSTON TOUR**

Join us while we visit Downtown Crossing, Suffolk Downs, and the Seaport to see some of the latest in retail and store development while hearing about exciting expansion opportunities. No fee to attend.

**When**

**Monday, July 16**  
**2:30 – 5:30 pm**

**Tour Contacts**

**Crystal Torman**  
Email: crystal.torman@boston.gov  
**Travis Ginsberg**  
Email: tg@sumrp.com

**ICSC Contact**

**Nicolette Iervasi**  
Tel: +1 646 728 3511  
Email: niervasi@icsc.org

**To register for golf, please submit this completed form and payment to:**

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

**To register for the City of Boston Tour, please email this completed form to:**

crystal.torman@boston.gov and  
tg@sumrp.com

**Terms, Conditions and Rules**

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

Golf     City of Boston Tour

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

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Email Your Membership I.D. # (2018NE)

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)