



ICSC New York Deal Making

Javits Convention Center | New York City
Tuesday, December 4 – Thursday, December 6, 2018 | #ICSCNYDM

HOW TO REGISTER

Fax: +1 732 694 1800
Online: www.icsc.org/2018EDM
Mail: ICSC
P.O. Box 419822
Boston, MA 02241-9822

HOTEL RESERVATIONS

To make reservations visit www.icsc.org/2018EDM and click on Book Hotel. For questions call during our office hours of Monday through Friday, 9:00 am to 7:00 pm ET at +1 855 203 8223.

CONTINUING EDUCATION CREDITS

ICSC Certified professionals earn 1.0 credit (A3) towards certification renewal.

REGISTRATION FEES

	Early Bird By Sept 7	Advance By Nov 30	On-Site After Nov 30
Member*	\$550	\$650	\$750
Non-Member	\$1,225	\$1,225	\$1,535
Student Member**	\$60	\$60	N/A

*To qualify for the member rates, each registrant must be a member or an affiliate member of ICSC. To become an ICSC member, call ICSC information services at +1 646 728 3800.

**ICSC student members are required to register in advance to receive the discounted student registration fee. No discounted registration will be offered on-site.

DEADLINES

To qualify for the advance registration rates, your registration must be received by **November 30, 2018**.

CANCELLATIONS

All cancellations will be subject to a \$25 cancellation fee. No refunds will be given for cancellations received after **October 26, 2018**. All requests for refunds must be received by ICSC in writing.

SPECIAL NEEDS

Anyone desiring an auxiliary aid for this meeting should notify **Priscilla Martillo** at **+1 646 728 3685** no later than **November 16, 2018**.

PHOTO ID BADGES REQUIRED

All attendees and exhibitors are required to have an ICSC-issued color photo badge for access. Badges will be mailed out in advance for those who register and submit an acceptable photo by **October 26, 2018**. Please visit www.icsc.org/2018EDM to register and submit a photo.

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: ICSC Member Non-Member Student Member

Name _____ Company _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____

E-mail _____ 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) _____ 2018EDM