

## REGISTRATION FORM

### How to Register

**Fax:** +1 732 694 1800  
**Online:** [www.icsc.org/2018RC](http://www.icsc.org/2018RC)  
**Mail:** ICSC  
 P.O. Box 419822  
 Boston, MA 02241-9822

### Registration Fees

	Advance	On-Site
Member*	\$440	\$540
Non-Member	\$545	\$670
Student Member**	\$50	N/A

\*Must be an ICSC member or affiliate member—visit [www.icsc.org/](http://www.icsc.org/) membership or call +1 646 728 3800 to join.

\*\*On-site student registration is not available—advance registration is required.

### Deadline

Advance registrations must be received by **October 15, 2018**.

### Special Needs

Anyone desiring an auxiliary aid for this meeting should notify **Ester Vivona** at +1 646 728 3647 no later than **October 5, 2018**.

### Hotel Reservations

A block of rooms has been reserved at:

**Omni Los Angeles Hotel**  
 251 South Olive Street  
 Los Angeles, CA, 90012  
**Rate:** \$225

**Cut-Off Date: October 8, 2018**

To make a reservation, visit [www.icsc.org/2018RC](http://www.icsc.org/2018RC). For assistance, call +1 877 541 9876, or internationally at +1 312 527 7300.

### Continuing Education Credit

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

### Cancellations

All cancellations are subject to a **\$100** cancellation fee. No refunds will be given for cancellations received after **October 15, 2018**. All requests for refunds must be received by ICSC in writing.

### 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](http://www.icsc.org/event-terms-and-conditions), which are hereby incorporated by reference.

Please Check One:  Member  Non-Member  Student Member

Name		Title	
Company			
Address			
City	State/Province	Zip/Postal Code	
Telephone	Fax		
Email	Your Membership I.D. #	(2018RC)	
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 (No cash accepted in advance or on site.)

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)