

REGISTRATION FORM

How to Register

Fax: +1 732 694 1800
Online: www.icsc.org/2019FL
Mail: ICSC
 P.O. Box 419822
 Boston, MA 02241-9822

Registration Fees

	Advance	On-Site
Member*	\$400	\$500
Non-Member	\$800	\$1,000
Public Official Member	\$95	\$125
Retailer Member**	\$0	N/A
Student Member***	\$50	N/A

*Must be an ICSC member or affiliate member—visit www.icsc.org/ membership or call +1 646 728 3800 to join.

**Advance registration is required—on-site complimentary registration is not available. Third-party retail representatives are not eligible.

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

Deadline

Advance registrations must be received by **July 25, 2019**.

Continuing Education Credit

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

Hotel Reservations

A block of rooms has been reserved at:

Hilton Orlando
 6001 Destination Parkway, Orlando, FL 32819
Rate: \$190
Cut-Off Date: August 2, 2019

Hyatt Regency Orlando
 9801 International Drive, Orlando, FL 32819
Rate: \$190
Cut-Off Date: August 2, 2019

Rosen Centre
 9939 Universal Boulevard, Orlando, FL 32819
Rate: \$149
Cut-Off Date: August 2, 2019

To make a reservation, visit www.icsc.org/2019FL. For assistance, call +1 877 541 9876, or internationally at +1 312 527 7300.

Cancellations

All cancellations are subject to a **\$100** cancellation fee for members and non-members; **\$25** for Public Official Members and Student Members. Refunds will not be given for cancellations received after **July 25, 2019**. All requests for refunds must be received by ICSC in writing.

Accessibility

Anyone desiring an auxiliary aid for this meeting should notify **Katie O'Hare** at +1 646 728 3504 no later than **August 1, 2019**.

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: Member Non-Member Public Official Member Student Member

Name _____ Title _____

Company _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____

Email _____ Your Membership I.D. # _____ (2019FL)

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) _____