

REGISTRATION FORM

How to Register

Fax: +1 732 694 1800
Online: www.icsc.org/2019MA
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—there is no on-site complimentary registration. 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 **February 25, 2019**.

Hotel Reservations

A block of rooms has been reserved at:

Gaylord National Resort & Convention Center
201 Waterfront Street
National Harbor, MD 20745
Rate: \$245 Single/Double Occupancy
Cut-Off Date: Monday, February 11, 2019

To make a reservation, visit www.icsc.org/2019MA. 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 **CRRP** certification renewal.

Cancellations

All cancellations are subject to a **\$100** cancellation fee for members and non-members; \$25 for Public Official Members and Student Members. No refunds will be given for cancellations received after **February 25, 2019**.

Special Needs

Anyone desiring an auxiliary aid for this meeting should notify **Kim Mehan** at **+1 646 728 3579** no later than **February 4, 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
 Retailer Member (*online registration only*) Student Member

Name		Title
Company		
Address		
City	State/Province	Zip/Postal Code
Telephone	Fax	
Email	Your Membership I.D. #	(2019MA)

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
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Credit Card Number (include all digits)	Expiration Date (month/year)
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