

## OPTIONAL EVENTS FORM

### GOLF

**When**

**Monday, July 15**  
**7:00 am – Registration**  
**8:00 am – Shotgun Start**

**Where**

Wayland Country Club  
121 Old Sudbury Road  
Wayland, MA

**Fee**

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

**Golf Contact**

**Emily Salerno**  
Tel: + 1 646 728 3465  
Email: esalerno@icsc.org

**Please Note**

Space is limited. Players 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 for a guided bus tour of some of Boston's most exciting and new retail and store developments. Hear from local developers, property owners, City officials and more! No fee to attend. Registration required.

**When**

**Monday, July 15**  
**2:30 – 5:30 pm**

**Tour Contacts - For Information Only**

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

**ICSC Contact**

**Emily Salerno**  
Tel: + 1 646 728 3465  
Email: esalerno@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: esalerno@icsc.org

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

esalerno@icsc.org

**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. #	(2019NE)

REQUIRED FOR NON-U.S. APPLICANTS: \_\_\_\_\_

Date of Birth	Country of Citizenship
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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
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Credit Card Number (include all digits)	Expiration Date (month/year)
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