

REGISTRATION INFORMATION

How to Register

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

Registration Fees

	Advance	On-Site
Member*	\$225	\$285
Non-Member	\$450	\$570
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 11, 2019**.

Hotel Reservations

A block of rooms has been reserved at:

Omni Charlotte Hotel
132 E Trade Street
Charlotte, NC 28202
Rate: \$219 Single Occupancy
Cut-off Date: Monday, February 18, 2019

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

Cancellations

All cancellations will be subject to a **\$100** cancellation fee. No refunds will be given for cancellations received after **February 1, 2019**. All requests for refunds must be received by ICSC in writing.

Special Needs

Anyone desiring an auxiliary aid for this meeting should notify **Christian Reid** at **+1 646 728 3598** no later than **January 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
 Student Member Retailer Member (*online registration only*)

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