

## REGISTRATION FORM

### How to Register

**Fax:** +1 732 694 1800  
**Online:** [www.icsc.org/2019TX](http://www.icsc.org/2019TX)  
**Mail:** ICSC  
P.O. Box 419822  
Boston, MA 02241-9822

### Registration Fees

	Advance	On-Site
<b>Member*</b>	\$350	\$450
<b>Non-Member</b>	\$700	\$900
<b>Public Official Member</b>	\$95	\$125
<b>Retailer Member**</b>	\$0	N/A
<b>Student Member***</b>	\$50	N/A

\*Must be an ICSC member or affiliate member—visit [www.icsc.org/membership](http://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 **November 30, 2018**.

### Hotel Reservations

A block of rooms has been reserved at:

<b>Omni Fort Worth Hotel</b> 1300 Houston Street Fort Worth, TX 76102 <b>Rate:</b> \$289 Single/Double	<b>Hilton Fort Worth</b> 815 Main Street Fort Worth, TX 76102 <b>Rate:</b> \$209 Single/Double
<b>Cut-Off Date: December 18, 2018</b>	

To make a reservation, visit [www.icsc.org/2019TX](http://www.icsc.org/2019TX). 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. No refunds will be given for cancellations received after **November 30, 2018**.

### Special Needs

Anyone desiring an auxiliary aid for this meeting should notify **Catherine O'Hare** at **+1 646 728 3504** no later than **December 3, 2018**.

### 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  Public Official Member  Student Member

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