

Registration Form

How to Register

Fax: +1 732 694 1800
Online: www.icsc.org/2018WF
Mail: ICSC
 P.O. Box 419822
 Boston, MA 02241-9822

Registration Fee

	Advance	On-Site
Member*	\$210	\$260
Non-Member	\$480	\$545
Public Official Member	\$95	\$125
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.

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

Deadlines

Advance registrations must be received by **February 13, 2018**.

Cancellations

All cancellations are subject to a \$25 cancellation fee. No refunds will be given for cancellations received after **February 13, 2018**.

Hotel Reservations

A block of rooms has been reserved at:

Hilton Tampa Downtown
 211 North Tampa Street
 Tampa, FL 33602

Rate: \$209 Single/Double

Cut-Off Date: January 30, 2018

To make reservations, visit www.icsc.org/2018WF. For questions, call during our office hours of Monday through Friday, 9:00 am to 7:00 pm ET at +1 877 541 9876, or internationally at +1 312 527 7300.

Special Needs

Auxiliary aids are available for this conference. For more information, contact Katie O'Hare at cohare@icsc.org or +1 646 728 3504 no later than **January 1, 2018**.

Continuing Education Credits

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

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. #	(2018WF)

REQUIRED FOR NON-U.S. APPLICANTS: _____ Date of Birth _____ Country of Citizenship

Please check here if any of the above information has recently changed.

Methods 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)