

Registration Form

How to Register

Fax: +1 732 694 1800
Online: www.icsc.org/2017N1
Mail: ICSC
 P.O. Box 26958
 New York, NY 10087-6958

Registration Fee

	Advance	On-Site
Member*	\$250	\$320
Non-member	\$470	\$585
Student Member**	\$50	N/A

* To qualify for a member fee, each registrant must be a member or an affiliate member of ICSC. To become an ICSC member, call ICSC information services at +1 646 728 3800.

** ICSC student members must register in advance to qualify for the student rate. Student registration will not be offered on-site.

Deadlines

Submit your registration by **March 1, 2017** to qualify for the advance rate.

Cancellations

All cancellations are subject to a \$25 cancellation fee. No refunds will be given for cancellations received after **March 1, 2017**. ICSC must receive all refund requests in writing.

Special Needs

Anyone desiring an auxiliary aid for this meeting should notify **Paulette Erato** at **+1 310 426 2121** no later than **January 11, 2017**.

Hotel Reservations

A block of rooms has been reserved at:
Hyatt Regency Monterey
 1 Old Golf Course Rd
 Monterey, CA 93940

Rate: \$179 Single/Double Occupancy
Cut-off Date: February 13, 2017

Book your hotel at www.icsc.org/2017N1. 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.

Airfare Savings

The ICSC Travel Desk has secured special airline and car discounts for attendees. For current prices and availability, please contact us at +1 888 ICSC TVL (427 2885) or +1 585 442 8856 from 8:00 am to 5:30 pm ET, Monday through Friday.

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: ICSC Member Non-Member Student Member

Name _____ Title _____

Company _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____

Email _____ Your Membership I.D. # _____ (2017N1)

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

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) _____