

### How to Register

**Fax:** +1 732 694 1800

**Online:** [www.icsc.org](http://www.icsc.org)

**Mail:** ICSC

P.O. Box 26958

New York, NY 10087-6958

### Registration Fees

	Advance	On-site
Member*	\$ 390	\$ 470
Non-Member	\$ 490	\$ 570
Student Member**	\$ 50	\$ N/A

\*To qualify for the member rates, 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 are required to register in advance to receive the discounted student registration fee. No discounted registration will be offered on-site.

### Deadlines

To qualify for the advance registration rates, your registration must be received by **February 29, 2016**.

### Cancellations

All cancellations will be subject to a \$25 cancellation fee. No refunds will be given for cancellations received after **February 29, 2016**. All requests for refunds must be received by ICSC in writing.

### Special Needs

Anyone desiring an auxiliary aid for this conference should notify **Christina Jasmine** at **+1 646 728 3536** no later than **January 11, 2016**.

### Hotel Reservations

A block of rooms has been reserved at:

#### Grand Hyatt DFW

2337 S International Parkway

DFW Airport, TX 75261

**Rate:** \$229 Single/Double Occupancy

**Cut-off Date:** February 22, 2016

We invite you to visit [www.icsc.org/2016NLC](http://www.icsc.org/2016NLC) and click on Book Hotel under Additional Links. There you may access electronic form to reserve your room(s).

### 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.

I authorize ICSC and its members to send me announcements via mail, fax and phone about ICSC's and ICSC members' programs and services that may be of interest to me or my colleagues. I also consent to receipt of notices from ICSC in electronic form. In addition, I hereby consent to having the Hotel provide, and authorize ICSC and/or its representative(s) to receive, any reservation information I provide to the Hotel.

<hr/>		
<hr/>		
<hr/>		
Name	Company	
<hr/>		
Address		
<hr/>		
City	State/Province	Zip/Postal Code
<hr/>		
Telephone	Fax	
<hr/>		
E-mail	Membership I.D. #	2016NLC-A
<input type="checkbox"/> Please check here if your information has recently changed.		

### Method of payment

- ☐ Check (payable to ICSC in U.S. Funds)  
☐ MasterCard   ☐ Visa   ☐ AMEX   ☐ Discover

### Mail with payment to:

International Council of Shopping Centers  
 Registration Department  
 P.O. Box 26958  
 New York, NY 10087-6958

Name (as it appears on credit card)	Signature
<hr/>	<hr/>
Account Number (include all digits)	Expiration Date (month/year)
<hr/>	<hr/>