

Group Registration Form

Complete this form if you would like to register **three or more individuals** from your company to attend ICMI's Contact Center Demo & Conference 2015. Group registration discounts apply to any combination of 3-Day or 2-Day passes.

NOTE: While group discounts DO apply to Early Bird Pricing, it is NOT combinable with promotions or special offers. All discounts are subject to review before processing.

Group Discount Rates:

3-5 attendees: 20% discount

6-10 attendees: 30% discount

11+ attendees: 40% discount

Not combinable with promotions or special offers.

Contact Center Demo & Conference is a trade-only event. You must be 18 years of age and a qualified buyer of call center technology, applications, or products to visit the exhibit hall.

How to Register

All group discount forms must be submitted from the same company, within 24 hours of one another

STEP 1: Review Conference Packages (Workshop & Site Tours if applicable) – page 1 & 2

STEP 2: Complete Coordinator Contact Information & Method of Payment – page 3

STEP 3: Fill out individual information for each registrant in group & select package options—starts on page 4

STEP 4: Print out and Fax, Mail or Email the form:

Mail:

UBM Events Registration Department
ICMI Contact Center Demo and Conf.
303 Second St., Suite 900 South Tower
San Francisco, CA 94107

Email: ICMIDemoReg@ubm.com

Fax: 415.947.6011

Conference Packages:

Dates:	Mon-Wed 10/19-10/21	Tue & Wed 10/20-10/21
Pricing: Early Bird* / Regular	\$1695 / \$1895	\$1395 / \$1595
Package (inclusions below):	3-Day Pass	2-Day Pass
Pre-Conf. Workshops and Site Tours (10/19)	X	
Conference Sessions (10/20 & 10/21)	X	X
Networking Events	X	X
Breakfast, Lunches, Receptions	X	X
Keynote Presentations	X	X
Exhibit Hall Entry	X	X

*Early Bird Rate expires September 4, 2015.

Pre Event Options (3-Day Passholders only):

Workshops & Site Tours – Monday, October 19, 2015 *Only available with 3-day Pass

****SITE TOURS HAVE LIMITED AVAILABILITY AND CANNOT BE GUARANTEED – REGISTER EARLY!**

MORNING, 8:30am – 12:00pm

Site AM-1: Caesars Entertainment

Site AM-2: Zappos.com – SORRY, THIS TOUR IS FULL.

Site-AM-3: Las Vegas Valley Water District

Pre-1: PEOPLE MANAGEMENT- Staff Up! 10 Ways to Hire and Train Faster

Pre-2: OPERATIONS MANAGEMENT -The Principles of Effective Contact Center Management

Pre-3: STRATEGY AND LEADERSHIP - Customer Journey Mapping – A Valuable Tool for Improving Service

Pre-4: TECHNOLOGY - Shaping your Contact Center's Role in an Omni-Channel Strategy

AFTERNOON, 1:30pm – 5:00pm

Site PM-1: GES

Site PM-2: Caesars Entertainment

Pre-5: PEOPLE MANAGEMENT - 10 Essential Principles for Writing to Customers in a Multichannel World

Pre-6: OPERATIONS MANAGEMENT - Conquering the Cross-Channel Customer Experience

Pre-7: STRATEGY AND LEADERSHIP - Positioning Call Center Leaders for Success in a Sea of Change

Pre-8: TECHNOLOGY - Contact Center Technology 101: What Every Professional Needs to Know

Group Coordinator Contact Information

Name _____

Telephone _____

Email _____

Job Title _____

Company Name _____

Address _____

City /State / Zip _____

Country / Postal Code _____

EVENT BADGES

Badges will not be mailed in advance of the event and can only be collected on-site during registration hours. Please care for your badge. A non-refundable replacement fee will apply for all lost, misplaced, stolen, forgotten, and duplicate badge requests.

CANCELLATION POLICY

If you need to cancel or downgrade, you may do so until September 21, 2015. A nonrefundable \$150 cancellation fee will be charged for cancellations. No-shows and cancellations after September 21, 2015 will be charged the full conference rate. Cancellation policies apply to all conference packages. Attendees who register prior to or after the deadline date who do not cancel in writing by the deadline date are liable for the package cost and will be charged for the full registration fee. Sorry, refunds and downgrades are not available after this date. If you are unable to attend the conference, we strongly recommend that you send a substitution in your place. Changes to registrations must be presented in written form. Please fax your cancellation or substitution request to 415-947-6011 using the "[Registration Change Form](#)". Please email your completed change form to icmidemoreg@ubm.com, or you may mail your request to:

UBM Events Registration Department
ICMI's Contact Center Demo & Conference 2015
303 Second Street, Suite 900 South Tower
San Francisco, CA 94107

Substitutions are allowed only with the written permission of the original registrant. Please mail your substitution request to the above address, or fax to (415) 947-6011.

Method of Payment

Payment by check, money order (drawn in US funds), or credit card must accompany your registration in order to be processed and receive your confirmation. **Please note: you are not registered until you receive confirmation online or via an email from Contact Center Demo & Conference 2015.** The tax ID number is 11-2240940. Please email your W9 requests to icmidemoreg@ubm.com.

☐ Check or Money Order Enclosed # _____ (Make check payable to: CCDemo 2015)

☐ Please send me an invoice (provide information below)

☐ Charge my Credit Card (we accept Visa, MasterCard and American Express)

Cardholder Name _____ Phone _____

Credit Card Number _____ Exp. Date _____

Authorized Signature _____ Date _____

By checking a box above, I understand I am not able to attend the conference until registration is paid in FULL

BILLING ADDRESS - ☐ Check here if billing address is the same as group coordinator's address.

Name _____ Telephone _____

Address _____

City / State / Zip _____

Country / Postal Code _____

Registration 1

Participant's Name _____

Email _____

Job Title _____

Address _____

City / State / Zip _____

Country / Postal Code _____ Telephone _____

Conference Package Selection *Due to limited availability tours are not guaranteed

☐ **3 Day** Indicate 1st, 2nd, & 3rd choices for
1 morning & 1 afternoon Workshop or Tour

Mon – AM

___ Site-AM1

___ Site-AM2

___ Site-AM3

___ PRE-1

___ PRE-2

___ PRE-3

___ PRE-4

Mon – PM

___ Site-PM1

___ Site-PM2

___ PRE-5

___ PRE-6

___ PRE-7

___ PRE-8

☐ **2 Day**

Tues & Wed Main Conference Sessions

DO NOT require

pre-registration.

I would like to receive information on ☐ ICMI Events ☐ ICMI Resources ☐ ICMI Training ☐ ICMI Contact Center Insider

Registration 2

Participant's Name

Email

Job Title

Address

City / State / Zip

Country / Postal Code

Telephone

Conference Package Selection **Due to limited availability tours are not guaranteed*

☐ **3 Day** *Indicate 1st, 2nd, & 3rd choices for
1 morning & 1 afternoon Workshop or Tour*

Mon – AM

___ Site-AM1

___ Site-AM2

___ Site-AM3

___ PRE-1

___ PRE-2

___ PRE-3

___ PRE-4

Mon – PM

___ Site-PM1

___ Site-PM2

___ PRE-5

___ PRE-6

___ PRE-7

___ PRE-8

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Registration 3

Participant's Name

Email

Job Title

Address

City / State / Zip

Country / Postal Code

Telephone

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1 morning & 1 afternoon Workshop or Tour*

Mon – AM

___ Site-AM1

___ Site-AM2

___ Site-AM3

___ PRE-1

___ PRE-2

___ PRE-3

___ PRE-4

Mon – PM

___ Site-PM1

___ Site-PM2

___ PRE-5

___ PRE-6

___ PRE-7

___ PRE-8

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Registration 4

Participant's Name

Email

Job Title

Address

City / State / Zip

Country / Postal Code

Telephone

Conference Package Selection

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☐ **3 Day** *Indicate 1st, 2nd, & 3rd choices for
1 morning & 1 afternoon Workshop or Tour*

Mon – AM

☐ Site-AM1

☐ Site-AM2

☐ Site-AM3

☐ PRE-1

☐ PRE-2

☐ PRE-3

☐ PRE-4

Mon – PM

☐ Site-PM1

☐ Site-PM2

☐ PRE-5

☐ PRE-6

☐ PRE-7

☐ PRE-8

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Registration 5

Participant's Name

Email

Job Title

Address

City / State / Zip

Country / Postal Code

Telephone

Conference Package Selection

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☐ **3 Day** *Indicate 1st, 2nd, & 3rd choices for
1 morning & 1 afternoon Workshop or Tour*

Mon – AM

☐ Site-AM1

☐ Site-AM2

☐ Site-AM3

☐ PRE-1

☐ PRE-2

☐ PRE-3

☐ PRE-4

Mon – PM

☐ Site-PM1

☐ Site-PM2

☐ PRE-5

☐ PRE-6

☐ PRE-7

☐ PRE-8

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Registration 6

Participant's Name

Email

Job Title

Address

City / State / Zip

Country / Postal Code

Telephone

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1 morning & 1 afternoon Workshop or Tour*

Mon – AM

___ Site-AM1

___ Site-AM2

___ Site-AM3

___ PRE-1

___ PRE-2

___ PRE-3

___ PRE-4

Mon – PM

___ Site-PM1

___ Site-PM2

___ PRE-5

___ PRE-6

___ PRE-7

___ PRE-8

☐ **2 Day**

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Registration 7

Participant's Name

Email

Job Title

Address

City / State / Zip

Country / Postal Code

Telephone

Conference Package Selection **Due to limited availability tours are not guaranteed*

☐ **3 Day** *Indicate 1st, 2nd, & 3rd choices for
1 morning & 1 afternoon Workshop or Tour*

Mon – AM

___ Site-AM1

___ Site-AM2

___ Site-AM3

___ PRE-1

___ PRE-2

___ PRE-3

___ PRE-4

Mon – PM

___ Site-PM1

___ Site-PM2

___ PRE-5

___ PRE-6

___ PRE-7

___ PRE-8

☐ **2 Day**

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Registration 8

Participant's Name

Email

Job Title

Address

City / State / Zip

Country / Postal Code

Telephone

Conference Package Selection

**Due to limited availability tours are not guaranteed*

☐ **3 Day** *Indicate 1st, 2nd, & 3rd choices for
1 morning & 1 afternoon Workshop or Tour*

Mon – AM

☐ **Site-AM1**

☐ **Site-AM2**

☐ **Site-AM3**

☐ **PRE-1**

☐ **PRE-2**

☐ **PRE-3**

☐ **PRE-4**

Mon – PM

☐ **Site-PM1**

☐ **Site-PM2**

☐ **PRE-5**

☐ **PRE-6**

☐ **PRE-7**

☐ **PRE-8**

☐ **2 Day**

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Registration 9

Participant's Name

Email

Job Title

Address

City / State / Zip

Country / Postal Code

Telephone

Conference Package Selection

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☐ **3 Day** *Indicate 1st, 2nd, & 3rd choices for
1 morning & 1 afternoon Workshop or Tour*

Mon – AM

☐ **Site-AM1**

☐ **Site-AM2**

☐ **Site-AM3**

☐ **PRE-1**

☐ **PRE-2**

☐ **PRE-3**

☐ **PRE-4**

Mon – PM

☐ **Site-PM1**

☐ **Site-PM2**

☐ **PRE-5**

☐ **PRE-6**

☐ **PRE-7**

☐ **PRE-8**

☐ **2 Day**

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Registration 10

Participant's Name _____

Email _____

Job Title _____

Address _____

City / State / Zip _____

Country / Postal Code _____

Telephone _____

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☐ **3 Day** *Indicate 1st, 2nd, & 3rd choices for
1 morning & 1 afternoon Workshop or Tour*

Mon – AM

___ **Site-AM1**

___ **Site-AM2**

___ **Site-AM3**

___ **PRE-1**

___ **PRE-2**

___ **PRE-3**

___ **PRE-4**

Mon – PM

___ **Site-PM1**

___ **Site-PM2**

___ **PRE-5**

___ **PRE-6**

___ **PRE-7**

___ **PRE-8**

☐ **2 Day**

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