

Group Registration Form

Managed and Produced by ICMI, a division of UBM, LLC

Complete this form if you would like to register **three or more individuals** from your company to attend ICMI's Contact Center Expo & Conference 2016. Group registration discounts apply to any combination of 4 Day, 3 Day or 2 Day passes.

*[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 Expo & 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 & Training, 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 or Mail form; or Save it and Email It.

Email: ICMIExpoReg@ubm.com

Fax: 415.947.6011

Mail: UBM Events Registration Department
 ICMI Contact Center Expo and Conf.
 303 Second St., Ste 900 South Tower
 San Francisco, CA 94107

Conference Packages:

Pass Type (inclusions below):	4 day	3 Day	2 Day
Dates:	Tue-Fri 5/10-5/13	Tue-Thur 5/10-5/12	Wed-Thur 5/11-5/12
Pricing: Early Bird / Regular*	\$2395 / \$2595	\$2095 / \$2295	\$1795 / \$1995
Workshops and Contact Center Tours (5/ 10)	X	X	
Full day Training or Contact Center Tours (5/13)	X		
Conference Sessions (5/11 & 5/12)	X	X	X
Networking Events	X	X	X
Breakfast, Lunches, Receptions	X	X	X
Keynote Presentations	X	X	X
Expo Hall Entry	X	X	X

* Early Bird Rate expires March 18, 2016.

Pre & Post Options (for 3 Day and 4 Day Passes):

Workshops & Contact Center Tours – Tuesday, May 10

*Only available with 3 day and 4 Day Pass

****TOURS HAVE LIMITED AVAILABILITY AND CANNOT BE GUARANTEED**

MORNING, 8:30am – 12:00pm

Pre-1: A Quick-Start Guide to Contact Center Coaching (*Justin Robbins*)

Pre-2: The Principles of Effective Contact Center Management (*Brad Cleveland*)

Pre-3: Customer Journey Mapping – A Valuable Tool for Improving Service (*Jim Tincher*)

Pre-4: Contact Center Technology 101: What Every Professional Needs to Know (*Lori Bocklund*)

Tour AM-1: Molina Healthcare – [THIS TOUR IS NOW FULL](#)

Tour AM-2: Frontier Communications/Verizon – [THIS TOUR IS NOW FULL](#)

Tour AM-3: City of Long Beach Dept of Disaster Preparedness and Emergency Communications – [THIS TOUR IS NOW FULL](#)

AFTERNOON, 1:30pm – 5:00pm

Pre-5: How to Get Your Agents Obsessed With Service (*Jeff Toister*)

Pre-6: Breathe New Life into Your Contact Center's Metrics (*Justin Robbins*)

Pre-7: Results That Last: 7 Roles Every Contact Center Manager Must Master (*Karin Hurt*)

Pre-8: Technology in the Cloud: Your Path to Success (*Lori Bocklund*)

Tour PM-1: Molina Healthcare – [THIS TOUR IS NOW FULL](#)

Tour PM-2: Frontier Communications/Verizon – [THIS TOUR IS NOW FULL](#)

Tour PM-3: City of Long Beach Dept of Disaster Preparedness and Emergency Communications

Post-Conf. Training or Contact Center Tours – Friday, May 13

*Only available with 4 Day Pass

FULL DAY, 8:30am – 5:00pm

Post-1: ICMI Small Contact Center Workshop (*Rose Polchin*)

Post-2: More than Metrics: Harnessing Data to Drive Performance (*Laura Grimes*)

Post-3: People Management Workshop (*G. Todd Gladden*)

Post-4: Tours - Molina Healthcare AND City of Long Beach Department of Disaster Preparedness and Emergency Communications

Group Coordinator Contact Information

Coordinator's Email

Coordinator's Name

Telephone

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, you may do so until Friday, April 8, 2016. A non-refundable \$150 cancellation fee will be charged. No-shows and cancellations after April 8, 2016 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, no refunds are available after this date. If you are unable to attend the conference, we strongly recommend that you send a substitution in your place. Substitutions are allowed only with the written permission of the original registrant. Changes to registrations must be presented in written form (form available on event website).

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 Expo & Conference 2016.** The tax ID number is 11-2240940. Please email your W9 requests to icmiexporeg@ubm.com.

- ☐ Check or Money Order Enclosed # _____ (make check payable to: CCEXPO 2016)
- ☐ Please send me an invoice (provide billing 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 (Select one below)

<input type="checkbox"/> 4 Day <i>Indicate 1st, 2nd, & 3rd choices for 1 morning & 1 afternoon Workshop or Tour</i>	<input type="checkbox"/> 3 Day <i>Indicate 1st, 2nd, & 3rd choices for 1 morning & 1 afternoon Workshop or Tour</i>	<input type="checkbox"/> 2 Day																																								
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NOTE: Due to limited availability tours are not guaranteed

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 (Select one below)

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NOTE: Due to limited availability tours are not guaranteed

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

Registration 3

Participant's Name

Email

Job Title

Address

City / State / Zip

Country / Postal Code

Telephone

Conference Package Selection (Select one below)

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

Tue – AM	Tues – PM	Fri – Full Day
___Pre-1	___Pre-5	___Post-1
___Pre-2	___Pre-6	___Post-2
___Pre-3	___Pre-7	___Post-3
___Pre-4	___Pre-8	___Post 4/Tours
<u>N/A</u> Tour-AM1	<u>N/A</u> Tour-PM1	
<u>N/A</u> Tour-AM2	<u>N/A</u> Tour-PM2	
<u>N/A</u> Tour-AM3	___Tour-PM3	

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

Tue – AM	Tues – PM
___Pre-1	___Pre-5
___Pre-2	___Pre-6
___Pre-3	___Pre-7
___Pre-4	___Pre-8
<u>N/A</u> Tour-AM1	<u>N/A</u> Tour-PM1
<u>N/A</u> Tour-AM2	<u>N/A</u> Tour-PM2
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☐ **2 Day**

Wed & Thur Main Conference Sessions **DO NOT** require pre-registration.

NOTE: Due to limited availability tours are not guaranteed

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Registration 4

Participant's Name

Email

Job Title

Address

City / State / Zip

Country / Postal Code

Telephone

Conference Package Selection (Select one below)

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

Tue – AM	Tues – PM	Fri – Full Day
___Pre-1	___Pre-5	___Post-1
___Pre-2	___Pre-6	___Post-2
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<u>N/A</u> Tour-AM3	___Tour-PM3	

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

Tue – AM	Tues – PM
___Pre-1	___Pre-5
___Pre-2	___Pre-6
___Pre-3	___Pre-7
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<u>N/A</u> Tour-AM1	<u>N/A</u> Tour-PM1
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☐ **2 Day**

Wed & Thur Main Conference Sessions **DO NOT** require pre-registration.

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Registration 5

Participant's Name _____

Email _____

Job Title _____

Address _____

City / State / Zip _____

Country / Postal Code _____

Telephone _____

Conference Package Selection (Select one below)

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Registration 6

Participant's Name _____

Email _____

Job Title _____

Address _____

City / State / Zip _____

Country / Postal Code _____

Telephone _____

Conference Package Selection (Select one below)

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Registration 7

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Email _____

Job Title _____

Address _____

City / State / Zip _____

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Telephone _____

Conference Package Selection (Select one below)

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Registration 8

Participant's Name _____

Email _____

Job Title _____

Address _____

City / State / Zip _____

Country / Postal Code _____

Telephone _____

Conference Package Selection (Select one below)

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Registration 9

Participant's Name _____

Email _____

Job Title _____

Address _____

City / State / Zip _____

Country / Postal Code _____

Telephone _____

Conference Package Selection (Select one below)

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

Tue – AM	Tues – PM	Fri – Full Day
___Pre-1	___Pre-5	___Post-1
___Pre-2	___Pre-6	___Post-2
___Pre-3	___Pre-7	___Post-3
___Pre-4	___Pre-8	___Post 4/Tours
<u>N/A</u> Tour-AM1	<u>N/A</u> Tour-PM1	
<u>N/A</u> Tour-AM2	<u>N/A</u> Tour-PM2	
<u>N/A</u> Tour-AM3	___Tour-PM3	

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

Tue – AM	Tues – PM
___Pre-1	___Pre-5
___Pre-2	___Pre-6
___Pre-3	___Pre-7
___Pre-4	___Pre-8
<u>N/A</u> Tour-AM1	<u>N/A</u> Tour-PM1
<u>N/A</u> Tour-AM2	<u>N/A</u> Tour-PM2
<u>N/A</u> Tour-AM3	___Tour-PM3

☐ **2 Day**

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Registration 10

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City / State / Zip _____

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Conference Package Selection (Select one below)

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

Tue – AM	Tues – PM	Fri – Full Day
___Pre-1	___Pre-5	___Post-1
___Pre-2	___Pre-6	___Post-2
___Pre-3	___Pre-7	___Post-3
___Pre-4	___Pre-8	___Post 4/Tours
<u>N/A</u> Tour-AM1	<u>N/A</u> Tour-PM1	
<u>N/A</u> Tour-AM2	<u>N/A</u> Tour-PM2	
<u>N/A</u> Tour-AM3	___Tour-PM3	

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Tue – AM	Tues – PM
___Pre-1	___Pre-5
___Pre-2	___Pre-6
___Pre-3	___Pre-7
___Pre-4	___Pre-8
<u>N/A</u> Tour-AM1	<u>N/A</u> Tour-PM1
<u>N/A</u> Tour-AM2	<u>N/A</u> Tour-PM2
<u>N/A</u> Tour-AM3	___Tour-PM3

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