

ICMI REGISTRATION UPDATE FORM
Event Registration Services Group

Please complete this form with your updates and fax it to 218-740-6883 or email it to icmidemoreg@ubm.com
If changes are needed while an event is taking place, please bring this form on-site to the Customer Service desk.

Date: _____ **Confirmation #:** (Located on receipt or invoice) _____

Registrants First Name: _____ **Last Name:** _____

Conference/Event: _____

Requested Change: (Please note that all changes are subject to conference terms and conditions. Deadlines for cancelations will be enforced, please refer to your confirmation receipt for specific cancelation dates.)

___ **UPGRADE:** Change current pass to: _____
Please include credit card payment details below to pay for the cost difference

___ **WORKSHOPS/SITE TOURS/TRAINING:** Change/Add to: _____

___ **CANCELATION:** Please note that all cancelations are subject to a fee. Please refer to your original receipt for details.

___ **SUBSTITUTION:** Enter new registrant information below and provide signature of original registrant who is making the request:

New registrants first and last name: _____

Email: _____

Job Title: _____ Company: _____

Address: _____

City, State, Zip/Postal Code/Country: _____

Phone: _____

I request and authorize the above substitution be made to my registration.

Signed: _____

Printed Name: _____

Other Request: _____

PAYMENT INFORMATION: (Circle credit card choice) VISA MASTERCARD AMEX

Credit Card Number: _____ Expiration Date: _____

Cardholder Name: _____ Amount to Charge: _____

Cardholder Signature: _____

Cardholder Billing Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: -----

Office Use Only:

Date Processed: _____ Initials: _____ New Conf #: _____