

## ICMI REGISTRATION UPDATE FORM

Event Registration Services Group

Please complete this form with your updates and email it to [icmiexporeg@ubm.com](mailto:icmiexporeg@ubm.com) or fax it to (218)740-6883.  
*If changes are needed while an event is taking place, please bring this form on-site to the Customer Service desk. Please do not fax or email the form in.*

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

**Registrant's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_

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

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

**SITE TOUR/WORKSHOP:** Change/Add to: \_\_\_\_\_

**CANCELLATION:** Please note that all cancellations 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. Once your request has been processed, a confirmation email will be sent to the new registrant.

**New Registrant's First and Last Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City, State, Postal Code, Country:** \_\_\_\_\_

I, authorize the above request to be made to my registration.

**Signed:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Please also send a copy of the confirmation email to:** \_\_\_\_\_

**Other Request:**

\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT INFORMATION:** (Select Credit Card Type)      VISA      MASTERCARD      AMERICAN EXPRESS

**Credit Card Number:** \_\_\_\_\_ **Amount to Charge:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Security Code:** (3-digits for Visa/MC or 4-digits for AMEX): \_\_\_\_\_

**Cardholder's Name:** \_\_\_\_\_ **Cardholder's Signature:** \_\_\_\_\_

**Cardholder's Billing Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

Office Use Only:

Date Processed: \_\_\_\_\_

Initials: \_\_\_\_\_