

Group Registration Form

Complete this form if you would like to register **3 or more individuals** from your company to attend ICMI Contact Center Demo 2018. Group registration discounts apply to any combination of 3-Day or 2-Day passes.

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

Group Discounts:

3-5 attendees: 20% discount
6-10 attendees: 30% discount
11+ attendees: 40% discount

Discount is taken from current pricing and is not combinable with promotions or special offers.

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 & Contact Center Tours if applicable) – page 2

STEP 2: Complete Coordinator Contact Information – page 3

STEP 3: Complete the Method of Payment section – page 3

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

Note: if the individuals registered have the same mailing address as the coordinator, please write “same”

STEP 5: Fill out the form, then Fax, Mail or Email it. You can also call us with any questions! We are happy to help.

Mail:

UBM Events Registration Department
ICMI Contact Center Demo 2018
131 W First Street
Duluth, MN 55802

Email: ICMIDemoReg@ubm.com

Fax: 218-740-6877

Phone: 866.535.9002

Conference Packages:

Dates:	Mon., Tues., Wed 11/12 – 11/14	Tuesday & Wednesday 11/13 – 11/14
Pricing: Super Early Bird/Early Bird/Regular*	\$1899/\$1999/\$2199	\$1599/\$1699/\$1899
Package (inclusions below):	3-Day Pass	2-Day Pass
<i>Pre-Conf. Workshops and Tours (11/12)</i>	X	
<i>Main Conference Sessions (11/13-11/14)</i>	X	X
<i>Conference Materials (access prior to event)</i>	X	X
<i>Networking Events</i>	X	X
<i>Breakfast, Lunches, Receptions</i>	X (Mon–Wed)	X (Tues–Wed)
<i>Headliner Keynote Presentations</i>	X	X
<i>Demo Hall Entry</i>	X	X

*Super Early Bird expires July 31, 2018 and Early Bird expires September 28, 2018. [See Demo website for current pricing at https://www.icmi.com/CCDemoPricing](https://www.icmi.com/CCDemoPricing). The earlier you register, the greater the savings!

Pre-Conference Options (3-Day pass holders only):

Workshops & Local Tours – Monday, November 12 *Only available with 3-day Pass

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

Please visit our [website](#) to see which tours are currently available.

HALF-DAY LOCAL TOURS

MORNING TOURS, 8:30AM – 12:00PM	AFTERNOON TOURS, 1:00PM – 4:30PM
Tour A1: MGM	Tour P1: GES
Tour A2: Telus International	Tour P2: MGM
Tour A3: Zappos	Tour P3: Telus International
Tour A4: UPS	Tour P4: Zappos
	Tour P5: Tanked
	Tour P6: UPS

MORNING WORKSHOPS, 8:30AM-12:00PM

- W1: How to Get Your Agents Obsessed with Service, JEFF TOISTER
- W2: The Principles of Effective Contact Center Management, BRAD CLEVELAND
- W3: Storytelling with Data: Making Metrics Come to Life, JUSTIN ROBBINS
- W4: Customer Experience Deep Dive Part 1: Data, Insight, Analysis & Outcomes, ANNETTE FRANZ

AFTERNOON WORKSHOPS, 1:00PM-4:30PM

- W5: Reboot Your Culture with the Power of Magnetic Leadership, DIANE DURKIN
- W6: Contact Center Technology 101: What Every Professional Needs to Know, LORI BOCKLUND
- W7: Customer Experience Deep Dive Part 2: Mapping, Improving, Planning & Implementing, ANNETTE FRANZ

Group Coordinator Contact Information

Coordinator's Name	Phone
Coordinator's 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/check-in 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, October 5, 2018. A nonrefundable \$150 cancellation fee will be charged for cancellations. No-shows and cancellations after Friday, October 5, 2018 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 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 218-740-6883 using the "[Registration Change Form](#)". You may email your request to icmidemoreg@ubm.com or mail it to:

UBM Events Registration Department
ICMI Contact Center Demo 2018
131 W First Street
Duluth, MN 55802

Substitutions are allowed only with the written permission of the original registrant. Please note that downgrades are not permissible.

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 via email from ICMI Contact Center Demo 2018.** 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 2018)
- Please send me an invoice (provide billing information below)
- Credit Card (Visa, MasterCard and American Express). Please provide contact information for us to call for credit card details.

Cardholder's Name _____

Cardholder's Phone _____

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 _____

Company Name _____

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 morning AND afternoon Tour/Workshop (see page 2 for selection descriptions).*

Monday – AM

___ **Tour A1** ___ **W1**
___ **Tour A2** ___ **W2**
___ **Tour A3** ___ **W3**
___ **Tour A4** ___ **W4**

Monday – PM

___ **Tour P1** ___ **W5**
___ **Tour P2** ___ **W6**
___ **Tour P3** ___ **W7**
___ **Tour P4**
___ **Tour P5**
___ **Tour P6**

2 Day

*Tuesday and Wednesday
Main Conference Sessions
DO NOT require
pre-registration.*

Registration 2

Participant's Name _____

Email _____

Job Title _____

Company Name _____

Address _____

City / State / Zip _____

Country / Postal Code _____

Telephone _____

Conference Package Selection

3 Day *Indicate 1st, 2nd, & 3rd choices for morning AND afternoon Tour/Workshop (see page 2 for selection descriptions).*

Monday – AM

___ **Tour A1** ___ **W1**
___ **Tour A2** ___ **W2**
___ **Tour A3** ___ **W3**
___ **Tour A4** ___ **W4**

Monday – PM

___ **Tour P1** ___ **W5**
___ **Tour P2** ___ **W6**
___ **Tour P3** ___ **W7**
___ **Tour P4**
___ **Tour P5**
___ **Tour P6**

2 Day

*Tuesday and Wednesday
Main Conference Sessions
DO NOT require
pre-registration.*

Registration 3

Participant's Name _____

Email _____

Job Title _____ Company Name _____

Address _____

City / State / Zip _____

Country / Postal Code _____ Telephone _____

Conference Package Selection

3 Day *Indicate 1st, 2nd, & 3rd choices for morning AND afternoon Tour/Workshop (see page 2 for selection descriptions).*

Monday – AM

___ **Tour A1** ___ **W1**
___ **Tour A2** ___ **W2**
___ **Tour A3** ___ **W3**
___ **Tour A4** ___ **W4**

Monday – PM

___ **Tour P1** ___ **W5**
___ **Tour P2** ___ **W6**
___ **Tour P3** ___ **W7**
___ **Tour P4**
___ **Tour P5**
___ **Tour P6**

2 Day

*Tuesday and Wednesday
Main Conference Sessions
DO NOT require
pre-registration.*

Registration 4

Participant's Name _____

Email _____

Job Title _____ Company Name _____

Address _____

City / State / Zip _____

Country / Postal Code _____ Telephone _____

Conference Package Selection

3 Day *Indicate 1st, 2nd, & 3rd choices for morning AND afternoon Tour/Workshop (see page 2 for selection descriptions).*

Monday – AM

___ **Tour A1** ___ **W1**
___ **Tour A2** ___ **W2**
___ **Tour A3** ___ **W3**
___ **Tour A4** ___ **W4**

Monday – PM

___ **Tour P1** ___ **W5**
___ **Tour P2** ___ **W6**
___ **Tour P3** ___ **W7**
___ **Tour P4**
___ **Tour P5**
___ **Tour P6**

2 Day

*Tuesday and Wednesday
Main Conference Sessions
DO NOT require
pre-registration.*

Registration 5

Participant's Name _____

Email _____

Job Title _____

Company Name _____

Address _____

City / State / Zip _____

Country / Postal Code _____

Telephone _____

Conference Package Selection

3 Day *Indicate 1st, 2nd, & 3rd choices for morning AND afternoon Tour/Workshop (see page 2 for selection descriptions).*

Monday – AM

___ **Tour A1** ___ **W1**
___ **Tour A2** ___ **W2**
___ **Tour A3** ___ **W3**
___ **Tour A4** ___ **W4**

Monday – PM

___ **Tour P1** ___ **W5**
___ **Tour P2** ___ **W6**
___ **Tour P3** ___ **W7**
___ **Tour P4**
___ **Tour P5**
___ **Tour P6**

2 Day

*Tuesday and Wednesday
Main Conference Sessions
DO NOT require
pre-registration.*

Registration 6

Participant's Name _____

Email _____

Job Title _____

Company Name _____

Address _____

City / State / Zip _____

Country / Postal Code _____

Telephone _____

Conference Package Selection

3 Day *Indicate 1st, 2nd, & 3rd choices for morning AND afternoon Tour/Workshop (see page 2 for selection descriptions).*

Monday – AM

___ **Tour A1** ___ **W1**
___ **Tour A2** ___ **W2**
___ **Tour A3** ___ **W3**
___ **Tour A4** ___ **W4**

Monday – PM

___ **Tour P1** ___ **W5**
___ **Tour P2** ___ **W6**
___ **Tour P3** ___ **W7**
___ **Tour P4**
___ **Tour P5**
___ **Tour P6**

2 Day

*Tuesday and Wednesday
Main Conference Sessions
DO NOT require
pre-registration.*

Registration 7

Participant's Name _____

Email _____

Job Title _____ Company Name _____

Address _____

City / State / Zip _____

Country / Postal Code _____ Telephone _____

Conference Package Selection

3 Day *Indicate 1st, 2nd, & 3rd choices for morning AND afternoon Tour/Workshop (see page 2 for selection descriptions).*

Monday – AM

___ **Tour A1** ___ **W1**
___ **Tour A2** ___ **W2**
___ **Tour A3** ___ **W3**
___ **Tour A4** ___ **W4**

Monday – PM

___ **Tour P1** ___ **W5**
___ **Tour P2** ___ **W6**
___ **Tour P3** ___ **W7**
___ **Tour P4**
___ **Tour P5**
___ **Tour P6**

2 Day

*Tuesday and Wednesday
Main Conference Sessions
DO NOT require
pre-registration.*

Registration 8

Participant's Name _____

Email _____

Job Title _____ Company Name _____

Address _____

City / State / Zip _____

Country / Postal Code _____ Telephone _____

Conference Package Selection

3 Day *Indicate 1st, 2nd, & 3rd choices for morning AND afternoon Tour/Workshop (see page 2 for selection descriptions).*

Monday – AM

___ **Tour A1** ___ **W1**
___ **Tour A2** ___ **W2**
___ **Tour A3** ___ **W3**
___ **Tour A4** ___ **W4**

Monday – PM

___ **Tour P1** ___ **W5**
___ **Tour P2** ___ **W6**
___ **Tour P3** ___ **W7**
___ **Tour P4**
___ **Tour P5**
___ **Tour P6**

2 Day

*Tuesday and Wednesday
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pre-registration.*

If you need to register more than 10 attendees, print this page first, scratch out the '10' and note the registration number (11, etc) and scan and send in with the prior pages.

Registration 9

Participant's Name _____

Email _____

Job Title _____ Company Name _____

Address _____

City / State / Zip _____

Country / Postal Code _____ Telephone _____

Conference Package Selection

3 Day *Indicate 1st, 2nd, & 3rd choices for morning AND afternoon Tour/Workshop (see page 2 for selection descriptions).*

Monday – AM

___ Tour A1 ___ W1
___ Tour A2 ___ W2
___ Tour A3 ___ W3
___ Tour A4 ___ W4

Monday – PM

___ Tour P1 ___ W5
___ Tour P2 ___ W6
___ Tour P3 ___ W7
___ Tour P4
___ Tour P5
___ Tour P6

2 Day

*Tuesday and Wednesday
Main Conference Sessions
DO NOT require
pre-registration.*

Registration 10

Participant's Name _____

Email _____

Job Title _____ Company Name _____

Address _____

City / State / Zip _____

Country / Postal Code _____ Telephone _____

Conference Package Selection

3 Day *Indicate 1st, 2nd, & 3rd choices for morning AND afternoon Tour/Workshop (see page 2 for selection descriptions).*

Monday – AM

___ Tour A1 ___ W1
___ Tour A2 ___ W2
___ Tour A3 ___ W3
___ Tour A4 ___ W4

Monday – PM

___ Tour P1 ___ W5
___ Tour P2 ___ W6
___ Tour P3 ___ W7
___ Tour P4
___ Tour P5
___ Tour P6

2 Day

*Tuesday and Wednesday
Main Conference Sessions
DO NOT require
pre-registration.*