

# IFMA SPRING SYMPOSIUM

## Registration Form

Fax completed registration form with payment information to +1-281-974-5656 or mail with payment to IFMA, 1 E Greenway Plaza, Suite 1100, Houston, Texas, 77046-0194.

### Conference Registration Fees:

Business of FM Course: 4-day, May 12-15, 2009

IFMA/SAME Member - \$995  Nonmember - \$1195

Leadership & Management Course: 2-day, May 12-13, 2009

IFMA/SAME Member - \$495  Nonmember - \$695

Planning & Project Management Course: 2-day, May 12-13, 2009

IFMA/SAME Member - \$495  Nonmember - \$695

Technology Course: 2-day, May 12-13, 2009

IFMA/SAME Member - \$495  Nonmember - \$695

Pandemics: Preparation Today Keeps the Panic Away: 1-day, May 13, 2009

IFMA/SAME Member - \$99  Nonmember - \$129

Communication Course: 2-day, May 14-15, 2009

IFMA/SAME Member - \$495  Nonmember - \$695

Operations & Maintenance Course: 2-day, May 14-15, 2009

IFMA/SAME Member - \$495  Nonmember - \$695

Planning & Project Management Course: 2-day, May 14-15, 2009

IFMA/SAME Member - \$495  Nonmember - \$695

Sustainable FM: A Practitioner's Guide to Greening your Facility: 2-day, May 14-15, 2009

IFMA/SAME Member - \$595  Nonmember - \$795

The CFM Exam Review Course: 2-day, May 14-15, 2009

IFMA/SAME Member - \$495  Nonmember - \$695

IFMA ID# (IFMA Members Only): \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Informal first name for badge: \_\_\_\_\_

CFM designation  Other designation: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Mail Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Payment Information:

IFMA accepts checks, purchase orders and credit cards. Please make checks payable to IFMA. A copy of the purchase order must be presented with the registration form. All fees payable in U.S. funds only. No registration form will be processed without payment.

Charge the total amount of \$ \_\_\_\_\_ to the following credit card:

Visa  MasterCard  American Express  Diner's Club  Discover

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Member Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Card Member Billing Address: \_\_\_\_\_

Enclosed is a copy of my purchase order form.

Enclosed is check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

### Special Needs: Please indicate any special needs.

#### Dietary

Yourself:  Diabetic  Vegetarian  Low-salt  Low-fat

Guest:  Kosher  Gluten-free

Food Allergy (please specify): \_\_\_\_\_

Other (please specify): \_\_\_\_\_

#### Physical

Please check here if you or your guest requires special accommodations to participate and attach a written description of your needs. Show management will contact you.

**Cancellation/refund policy:** IFMA reserves the right to cancel an IFMA educational event due to low enrollment, unforeseen factors, or any other reason making it practically or economically inadvisable to conduct the event. In the event of cancellation, registrants will be notified as promptly as the circumstances permit (although IFMA cannot be liable for any failure to notify). IFMA, however, cannot be responsible for any other costs, losses or inconveniences that a registrant may incur, such as costs of transportation (plane, train, rental car, etc.), hotel cancellation fees, reservation fees, lost pay, vacation or leave time, etc.

Full refunds will be granted for cancellations received in writing at IFMA prior to April 29, 2009. Refunds will not be given for no-shows after the conference. Questions? Call IFMA headquarters at 713-623-4362 or send an e-mail to [events@ifma.org](mailto:events@ifma.org).