



# IFMA's WORLD WORKPLACE 2019 EVENT REGISTRATION FORM

Oct. 16-18, 2019 | Phoenix, Arizona | USA

Complete this form and return to: International Facility Management Association, P.O. Box 203648, Dallas, TX 75320-3648, USA; Fax to +1-713-623-6124

Informal First Name:		IFMA ID #:	
Full Name:			
Job Title:		Designation: <input type="checkbox"/> CFM <input type="checkbox"/> FMP <input type="checkbox"/> SFP <input type="checkbox"/> Other	
Company:			
Address:			
City:	State/Province:	ZIP/Mail Code:	Country:
Phone:		Fax:	
Email:			

Registration:	Additional Registration Options:
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<input type="checkbox"/> IFMA <input type="checkbox"/> BOMA <input type="checkbox"/> RICS															
<b>Members:</b> <input type="checkbox"/> Full Event <input type="checkbox"/> Full Event *PLUS! <input type="checkbox"/> One-Day Registration: <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <b>Nonmembers:</b> <input type="checkbox"/> Full Event - includes one year of IFMA base and local chapter membership <input type="checkbox"/> Full Event *PLUS! <input type="checkbox"/> One-Day Registration: <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<table border="1"> <tr> <th>EARLY BIRD (By June 17)</th> <th>AFTER (June 17)</th> </tr> <tr> <td>US\$785</td> <td>US\$885</td> </tr> <tr> <td>US\$934</td> <td>US\$1034</td> </tr> <tr> <td>US\$395</td> <td>US\$495</td> </tr> <tr> <td>US\$1075</td> <td>US\$1175</td> </tr> <tr> <td>US\$1,224</td> <td>US\$1,324</td> </tr> <tr> <td>US\$495</td> <td>US\$595</td> </tr> </table>	EARLY BIRD (By June 17)	AFTER (June 17)	US\$785	US\$885	US\$934	US\$1034	US\$395	US\$495	US\$1075	US\$1175	US\$1,224	US\$1,324	US\$495	US\$595
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US\$934	US\$1034														
US\$395	US\$495														
US\$1075	US\$1175														
US\$1,224	US\$1,324														
US\$495	US\$595														
<input type="checkbox"/> Student - Full Event US\$295 <input type="checkbox"/> Spouse/Partner - Full Event US\$350 Must be accompanied by Full Event registrant Name: _____ <input type="checkbox"/> Expo Only: FREE															
<div style="border: 1px dashed black; padding: 5px;"> <b>Corporate Discount:</b> Groups of 5 full event registrations or more from the same company with a single company contact will receive the fifth registration <b>FREE</b>. Please contact an IFMA Customer Service Specialist at +1-713-623-4362 for details.       </div>															
* Full Event PLUS! Includes additional items of Foundation Celebration, CEU processing and THE After Party															

Other Events & Additional Tickets:	PRICE	QTY.	Payment Information:
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<input type="checkbox"/> IFMA Foundation Celebration Tuesday, Oct. 15 <input type="checkbox"/> Opening Keynote Address Wednesday, Oct. 16 <input type="checkbox"/> Welcome Reception Wednesday, Oct. 16 <input type="checkbox"/> Closing Keynote & Awards Luncheon Friday, Oct. 16 <input type="checkbox"/> THE After Party Friday, Oct. 16 <input type="checkbox"/> CEU Processing Fee <input type="checkbox"/> Facility Tours - Tuesday, Oct. 15 Members US\$49; Non Member US\$69 <input type="checkbox"/> Phoenix Convention Center <input type="checkbox"/> University of Phoenix Arizona Biomedical Campus <input type="checkbox"/> IFMA Foundation Contribution.....\$US 25	US\$125 US\$55 US\$95 US\$95 US\$95 US\$25   \$US 25	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	The following information is needed to process your payment. All credit card charges will be made in U.S. dollars. Make checks payable to IFMA. Checks will be accepted in U.S. funds only. <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Card Number: _____ CVV _____ Exp. Date (M/Y): _____ Card Authorized Name: _____ Card Billing Street Address: _____ Card Billing City, State: _____ Card Billing ZIP/Mail Code: _____ Authorized Signature: _____ <input type="checkbox"/> Enclosed is a copy of my company purchase order form. <input type="checkbox"/> Enclosed is check # _____ in the amount of US\$ _____ <b>First-time Attendee:</b> <input type="checkbox"/> I am a first-time attendee. <b>Dietary:</b> <input type="checkbox"/> Yourself <input type="checkbox"/> Guest <input type="checkbox"/> Vegetarian <input type="checkbox"/> Kosher Food Allergy (please specify): _____ <b>Special Needs:</b> Please indicate any special needs _____  <input type="checkbox"/> IFMA fully complies with the legal requirements of the Americans with Disabilities Act rules and regulations. If you have any special needs, please e-mail registrations@ifma.org.
<b>Deeper Dive Sessions</b> <b>Tuesday, Oct. 15</b> <input type="checkbox"/> "The Disaster Experience for Facility Managers" (A Tabletop Exercise) <b>Thursday, Oct. 17</b> <input type="checkbox"/> "The Disaster Experience for Facility Managers" (A Tabletop Exercise) <input type="checkbox"/> Members: \$99/per session <input type="checkbox"/> Nonmembers: \$129/per session			