



2019 PRE-CONFERENCE COURSE SCHEDULE

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 +1-281-974-5650.

FMP Credential Courses

Pricing per course (includes FMP individual Module): \$700 member; \$900 nonmember; GSA \$679

Pricing per course (student already has module): \$500 member; \$700 nonmember; GSA \$487

Operations and Maintenance Course

Oct. 12-13, 2019

Leadership and Strategy Course

Oct. 14-15, 2019

Project Management Course

Oct. 12-13, 2019

Finance and Business Course

Oct. 14-15, 2019

SFP Starter Session (SFP) Oct. 13-14, 2019

Pricing per course (includes SFP Strategy and Alignment module): \$700 member; \$900 nonmember; GSA \$679

Pricing per course (student already has SFP Strategy and Alignment module): \$500 member; \$700 nonmember; GSA \$487

CFM Exam Prep Workshop Plus (3-day)

Oct. 13-15, 2019

Pricing (includes FM Learning System): \$1,195 members; \$1,395 nonmembers; GSA \$1,159.15

Pricing (Student already has FM Learning System): \$995 members; \$1,195 nonmembers; GSA \$965.15

CFM Exam Prep Workshop (1-day)

Oct. 15, 2019

Pricing: \$295 members; \$495 nonmembers; GSA \$286.15

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

Payment Information:

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.

American Express Diners Club Discover MasterCard Visa

Card Number: _____

Exp. Date (M/Y): _____ CVV _____

Card Authorized Name: _____

Card Billing Street Address: _____

Card Billing City, State: _____

Card Billing ZIP/Mail Code: _____

Authorized Signature: _____

Enclosed is a copy of my company purchase order form.

Enclosed is check # _____ in the amount of US\$ _____

Special Needs: Please indicate any special needs.

Dietary: Yourself Guest Vegetarian Kosher

Food Allergy (please specify): _____



IFMA fully complies with the legal requirements of the Americans with Disabilities Act rules and regulations. If you have any special needs, please email registrations@ifma.org.

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.

Questions? Call IFMA Service Center of Excellence at +1-713-623-4362 or send an email to registrations@ifma.org.

