



IFMA's FACILITY FUSION 2017

EVENT REGISTRATION FORM

Fairmont Royal York
Toronto, ON

May 17 - 18
2017

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.

Toronto, ON

First Name:		IFMA ID #:	
Last Name:			
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:			

Registration:

Additional Registration Options:

IFMA ABRAFAC AIA ASBE ASID BIFM BOMA BOMI EUROFM FMA GLOBAL FM IIDA RICS SAME USGBC

Members:	RATE	
	By Apr. 17	After Apr. 17
<input type="checkbox"/> Full Event	CA\$450	CA\$650
<input type="checkbox"/> One-Day Registration <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	CA\$250	CA\$350

Nonmembers:	RATE	
	By Apr. 17	After Apr. 17
<input type="checkbox"/> *Full Member Applicant	CA\$625	CA\$725
<input type="checkbox"/> One-Day Registration <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	CA\$425	CA\$500

*Full Event rate includes a one-year IFMA membership.

<input type="checkbox"/> Student Full Event	CA\$195
<input type="checkbox"/> Facility Tours (Select only one) <input type="checkbox"/> Tellus house <input type="checkbox"/> Toronto Union Station <input type="checkbox"/> Fairmont Royal York Roof Garden	CA\$20
<input type="checkbox"/> CEUs	CA\$15

Group Rate: Groups of 5 or more from the same company (same physical address) will receive the fifth full registration **FREE!** Please contact an IFMA Customer Service Specialist at +1-713-623-4362 for details. **Only applies to Full Event Registrants.**

Payment Information:

The following information is needed to process your payment. All credit card charges will be made in Canadian dollars. Make checks payable to IFMA.

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 CA\$ _____

Moderator: I would like to volunteer as a moderator for an educational session.

Special Needs: Please indicate any special needs.

Dietary: 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. Full refunds will be granted for cancellations received in writing to IFMA prior to March 17, 2017. A 50 percent penalty, plus a US\$75 administration fee will be applied to cancellations received in writing to IFMA between March 18 - April 7, 2017. Refunds will not be granted after April 8, 2017. Refunds will not be given for no-shows after the conference.

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

