|  |  |
| --- | --- |
| IFMA Program Review Committee - Call for Volunteer Applications | K:\Departments\Marketing\IFMA Logos\New Logo 2014\IFMA_Tagline_CMYK.jpg |

## Help shape the future of facility management education and training by volunteering to serve on the program review committee for IFMA’s conferences.

## By volunteering you:

* Help shape the conference programs
* Gain continuing education
* Become recognized as an FM thought leader
* Learn from industry experts
* Network with industry peers
* Give back to your profession
* Become an IFMA insider

## Expectations and Requirements

### To apply, you should:

* Be a member in good standing with IFMA
* Have experience and/or expertise in one or more of the FM core competencies below
* Be willing to review, score and discuss conference program submissions
* Work with the program committee via email and conference call(s)

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Credentials (if applicable) |  |
| Title |  |
| Company |  |
| Address |  |
| Phone number |  |
| E-Mail Address |  |
| Years in the industry |  |
| Area(s) of expertise |  |
| IFMA Member number |  |

## Interests

### Please indicate what core competencies you would most be interested in reviewing. You may select multiples competencies.

|  |
| --- |
| Operations and Maintenance |
| Real Estate & Property Management |
| Human Factors |
| Environmental Stewardship & Sustainability |
| Project Management |
| Leadership & Strategy |
| Finance & Business |
| Quality |
| Communication |
| Technology |
| Emergency Preparedness & Business Continuity |
|  |

## FM Industry Experience

### Please list any FM industry conventions that you have attended:

|  |
| --- |
|  |

### Please list any FM industry conventions that you have presented at:

|  |
| --- |
|  |

### Please list any other information/items you think IFMA should consider reviewing your application:

|  |
| --- |
|  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand and accept the expectations and requirements as a volunteer.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Thank you in advance for your service!

**Once completed, please sign and send to:**

**Monica Grinage Cooper, CMP**Event Program Manager

[monica.grinagecooper@ifma.org](mailto:monica.grinagecooper@ifma.org)  | p: +1-281-974-5649 | f: +1-281-974-5672