



2018 PRE-CONFERENCE COURSE SCHEDULE

Sept. 29 - Oct. 2, 2018 | The Westin Charlotte, Charlotte, North Carolina

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): \$700 member; \$900 nonmember; GSA \$678.05

Operations and Maintenance Course

Sept. 29-30, 2018 | 8:00 am - 5:00 pm

Leadership and Strategy Course

Sept. 29-30, 2018 | 8:00 am - 5:00 pm

Project Management Course

Oct. 1-2, 2018 | 8:00 am - 5:00 pm

Finance and Business Course

Oct. 1-2, 2018 | 8:00 am - 5:00 pm

SFP Course Series (SFP) Sept. 29-30, 2018 | 8:00 am - 5:00 pm

Pricing: \$700 members; \$900 nonmembers; GSA \$678.05

CFM Exam Prep Workshop Plus (3-day)

Sept. 30 - Oct. 2, 2018 | 8:00 am - 5:00 pm

Pricing: \$1,195 members; \$1,395 nonmembers; GSA \$1,161.80

CFM Exam Prep Workshop (1-day)

Oct. 2, 2018 | 8:00 am - 5:00 pm

Pricing: \$295 members; \$495 nonmembers; GSA \$282.25

Essentials of Facility Management Workshop Sept. 30 - Oct. 2, 2018 | 8:00 am - 5:00 pm

Pricing: \$795 members; \$995 nonmembers;

- Introduction to FM and Essentials of FM: Operations and Maintenance Workshop Series

- Work Management in Facilities Workshop Series

Standards Workshops:

- Deep Dive into Management System Standards Oct. 2, 2018 | 8:00 am - 5:00 pm**
1-day Pricing (select one above): \$295 members; \$495 nonmembers;

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.

