



FALL SYMPOSIUM 2014 COURSE SCHEDULE

Sept. 13 - Sept. 16, 2014 | New Orleans Downtown Marriott at the Convention Center, New Orleans, La., 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.

Operations and Maintenance Course (FMP)

Sept. 13 -14, 2014

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

Leadership and Strategy Course (FMP)

Sept. 13 -14, 2014

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

SFP Course Series (SFP)

Pricing: \$1995 members; \$2295 nonmembers; GSA \$1940.60

- Strategy & Alignment for sustainable Facility Manager and Managing Sustainable Facilities** (Sept. 14 -19, 2014)
- Operating sustainable Facilities** (Sept. 14 -19, 2014)

Project Management Course (FMP)

Sept. 15 - 16, 2014

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

Finance and Business Course(FMP)

Sept. 15 - 16, 2014

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

CFM Exam Prep Workshop Plus (3-day)(CFM)

Sept. 14 - 16, 2014

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

Combo - Introduction to FM and Essentials of FM: Operations and Maintenance Workshops 1-4 (2-day) (Essentials)

Sept. 15 - 16, 2014

Pricing: \$495 members; \$695 nonmembers

CFM Exam Prep Workshop (1 day)(CFM)

Sept. 16, 2014

Pricing: \$295 members; \$495 nonmembers

First Name:		IFMA ID #:	
Last Name:		AIA ID #:	
Job Title:		Designation: <input type="checkbox"/> CFM <input type="checkbox"/> FMP <input type="checkbox"/> Other	
Company:			
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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.

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Card Number: _____

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Card Authorized Name: _____

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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.

