

IFMA's World Workplace 2008 Registration Form

Oct. 15-17, 2008 || Dallas Convention Center || Dallas, Texas, USA

Complete this form and return to: IFMA Event Management, 1 E. Greenway Plaza, Suite 1100, Houston, Texas, 77046-0194 USA; fax to +1-281-974-5656; or go to www.worldworkplace.org to register online.

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

If you are registering a guest, please give us thier full name:

Registration:

Members: IFMA ASBE BIFM BOMA FMA SAME
 ASID AIA GLOBAL FM IIDA USGBC

Additional Registrations:

	BY AUG. 1	AFTER AUG. 1
<input type="checkbox"/> Full Event	US\$ 745	US\$ 845
<input type="checkbox"/> One-Day Registration:	US\$ 345	US\$ 445
<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
<input type="checkbox"/> Young Professional – Full Event (IFMA members only)	US\$ 365	US\$ 425

	PRICE
<input type="checkbox"/> Student - Full Event	US\$195
<input type="checkbox"/> Student - One-Day Registration:	US\$ 95
<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
<input type="checkbox"/> Guest - Full Event	US\$385
<input type="checkbox"/> Three-Day Expo Only – Thurs. & Fri. include lunch	US\$ 55
<input type="checkbox"/> One-Day Expo Only – Thurs. & Fri. include lunch	US\$ 30
<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	

Nonmembers:

<input type="checkbox"/> Full Event	US\$ 945	US\$1045
<input type="checkbox"/> Member Applicant – includes one year of IFMA base and local chapter membership	US\$1005	US\$1105
<input type="checkbox"/> One-Day Registration:	US\$ 425	US\$ 525
<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		

Corporate Discount: Groups of 10 or more from the same company will receive the tenth full registration free. Please contact IFMA's Registration Coordinator Chandra Scruggs at +1-713-623-4362 for details.

Additional Tickets:

	PRICE	QTY.
<input type="checkbox"/> Foundation Golf Tournament..... By Aug.1....US\$125 Tuesday, Oct. 14..... After Aug.1....US\$150		<input type="text"/>
<input type="checkbox"/> Foundation Gala.....By Aug.1....US\$ 85 Tuesday, Oct. 14..... After Aug.1....US\$ 95		<input type="text"/>
<input type="checkbox"/> Opening Keynote Address..... US\$ 55 Wednesday, Oct. 15		<input type="text"/>
<input type="checkbox"/> Welcome Reception.....US\$ 65		<input type="text"/>
<input type="checkbox"/> Closing Keynote Address..... US\$ 55 Friday, Oct. 17		<input type="text"/>
<input type="checkbox"/> IFMA Awards of Excellence Banquet..... US\$100		<input type="text"/>

Additional Tickets:

	PRICE	QTY.
Thursday, Oct. 16		
Dallas Convention Center Tour (space is limited)	No Charge	<input type="text"/>
Old Red Courthouse Tour (space is limited)	US\$ 6	<input type="text"/>
American Airlines Center Tour (space is limited)	No Charge	<input type="text"/>
Dallas Morning News Tour: 9:30 a.m. (space is limited)	No Charge	<input type="text"/>
Dallas Morning News Tour: 10:30 a.m. (space is limited) ..	No Charge	<input type="text"/>
Fluor Headquarters Tour (space is limited)	No Charge	<input type="text"/>

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.

Check to donate US\$20.00 to offset your emissions and add to total.

Charge the total amount of US\$ _____ to:

American Express Diners Club Discover MasterCard Visa

Card Number: _____

Exp. Date (M/Y): _____

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\$ _____.

Moderator:

I would like to volunteer as a moderator for an educational session. Full Event, Full Student & Daily Registrants only.

First-time Attendee:

I am a first-time attendee.

Special Needs: Please indicate any special needs.

Dietary: Yourself Guest
 Diabetic Vegetarian Low-salt
 Low-fat Kosher Gluten-free

Food Allergy (please specify): _____

Other (please specify): _____

Physical: Please check here if you or your guest requires special accommodations to participate and attach a written description of your needs. Show management will contact you.

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 **Aug. 22, 2008**. After **Aug. 22**, all approved refunds are subject to a US\$75 administrative fee. A 50 percent penalty will be applied to cancellations received in writing to IFMA between **Aug. 23** and **Sept. 12, 2008**. Refunds will not be granted after **Sept. 12, 2008**. Refunds will not be given for no-shows after the conference.