



2-Day Complimentary EXPO ONLY

Registration Form

Orange County Convention Center; Orlando, FL USA

Daily Fee for Lunch: \$30.00

Wednesday Thursday

Expo Hours

Wednesday, Oct. 7 – 11:30 am – 5:30 pm
 Thursday, Oct. 8 – 10:30 am – 3:30 pm

Instructions: Complete all portions of this form, print clearly and check all appropriate boxes. Please use one form per person. Your name and company will appear on your name badge exactly as indicated below.

INFORMAL FIRST NAME: _____

DESIGNATION _____ IFMA/AIA ID#: _____

FULL NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____

CITY: _____

STATE/PROV: _____ ZIP/POSTAL CODE: _____

COUNTRY: _____

PHONE: _____ FAX: _____

E-MAIL: _____

I am a member of the following organization(s):

- | | | | | | | |
|----------------------------------|------------------------------|------------------------------------|-------------------------------|-------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> IFMA | <input type="checkbox"/> AIA | <input type="checkbox"/> ASBE | <input type="checkbox"/> ASID | <input type="checkbox"/> BIFM | <input type="checkbox"/> BOMA | <input type="checkbox"/> BOMI |
| <input type="checkbox"/> EURO FM | <input type="checkbox"/> FMA | <input type="checkbox"/> GLOBAL FM | <input type="checkbox"/> IIDA | <input type="checkbox"/> SAME | <input type="checkbox"/> USGBC | |

Payment Information:

IFMA accepts checks and credit cards. Please make checks payable to IFMA. All fees payable in U.S. funds only. No registration form will be processed without payment.

Charge the total amount of \$ _____ to the following credit card:

- Visa MasterCard American Express Diners Discover

Card Number: _____ Exp. Date _____

Card Member Name: _____

Authorized Signature: _____

Card Member Billing Address: _____

Enclosed is check # _____ in the amount of \$ _____

Enclosed is a copy of my purchase order form

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. 7, 2009. After Aug. 7, all approved refunds are subject to a US\$75 USD administrative fee. A 50 percent penalty will be applied to cancellations received in writing to IFMA between Aug. 8 and Sept. 4, 2009. Refunds will not be granted after Sept. 4, 2009. Refunds will not be given for no-shows after the conference. Fax to IFMA's event management at 1-281-974-5656. Note—if you are faxing this form, **DO NOT MAIL ORIGINAL**.

Visit the World Workplace Web site at www.worldworkplace.org for a complete list of exhibitors.