



IFMA's WORLD WORKPLACE 2012 EVENT REGISTRATION

Oct. 31- Nov.2, 2012 | Henry B. Gonzalez Convention Center | San Antonio, Texas, 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.

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:		
Email:			

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

Registration: Additional Registration Options:

IFMA AIA ASBE ASID BIFM BOMA BOMI EUROFM FMA GLOBAL FM IIDA SAME USGBC

	PRICE	
	BY AUG. 23	AFTER AUG. 23
Members:		
<input type="checkbox"/> Full Event	US\$745	US\$845
<input type="checkbox"/> One-Day Registration:	US\$385	US\$485
<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
<input type="checkbox"/> Young Professional - Full Event (IFMA members only)	US\$295	US\$295
Nonmembers:		
<input type="checkbox"/> Full Event - includes one year of IFMA base and local chapter membership	US\$995	US\$1115
<input type="checkbox"/> One-Day Registration:	US\$465	US\$565
<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		

	PRICE
<input type="checkbox"/> Student - Full Event	US\$295
<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\$295
<input type="checkbox"/> Expo Only:	FREE
<input type="checkbox"/> Daily Lunch Ticket (for Expo Only):	US\$30ea.
<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	

Corporate Discount: Groups of 5 or more from the same company (same physical address) will receive the fifth full registration **FREE!** Please contact an IFMA Customer Service Specialist at +1-713-623-4362 for details.

Other Events & Additional Tickets: Payment Information:

	PRICE	QTY.
<input type="checkbox"/> Doug Underwood/Utilities Council Golf Tournament Tuesday, Oct. 30 (by Aug. 23) US\$125 <input type="text"/> (after Aug. 23) US\$150 <input type="text"/>		
<input type="checkbox"/> IFMA Foundation Gala Tuesday, Oct. 30 (by Aug. 23) US\$85 <input type="text"/> (after Aug. 23) US\$95 <input type="text"/>		
<input type="checkbox"/> Opening Keynote Address Wednesday, Oct. 31 US\$55 <input type="text"/>		
<input type="checkbox"/> Welcome Reception Wednesday, Oct. 31 US\$95 <input type="text"/>		
<input type="checkbox"/> IFMA Awards of Excellence Banquet Friday, Nov. 2 US\$115 <input type="text"/>		
<input type="checkbox"/> Closing Keynote & Awards Luncheon Friday, Nov. 2 US\$95 <input type="text"/>		
<input type="checkbox"/> CEU Processing Fee US\$12 <input type="text"/>		
<input type="checkbox"/> Facility Tours (Select one) US\$12-\$15/Person <input type="text"/>		
<input type="checkbox"/> Henry B. Gonzalez Convention Center <input type="checkbox"/> The Pearl		
<input type="checkbox"/> Rackspace Corporate Headquarters (The Castle)		
<input type="checkbox"/> The Alamo (\$15.00) <input type="checkbox"/> USAA Corporate Headquarters		
<input type="checkbox"/> Brooks City-Base (\$15.00)		

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): _____

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 Vegetarian Kosher

Food Allergy (please specify): _____

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 cancellation received in writing to IFMA prior to **September 6, 2012**. After **Sept. 6**, 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 **Sept. 7 – Sept. 27, 2012**. Refunds will not be granted after **Sept. 27, 2012**. **Refunds will not be given for no-shows after the conference.**

IFMA fully complies with the legal requirements of the Americans with Disabilities Act rules and regulations. If you have any special needs, please e-mail registrations@ifma.org.