



IFMA'S ESSENTIALS OF FACILITY MANAGEMENT

Workshop Registration

Surname:	First Name:
Position:	Gender: Female/Male
Current Employer:	Address:
Phone:(mobile)_____ (office)_____ (home)_____	
Email 1: _____ Email 2: _____	
Are you a member of IFMA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If no, are you interested in becoming a member? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Meals: Vegan Y/N Vegetarian Y/N Allergies Y/N (please specify if yes): _____	
How long have you worked as a Facilities Practitioner? _____	
Workshop Commencement: _____ [start date] _____ [end date] Training Venue: <i>VIRTUAL ONLINE CLASSES</i> <i>VIA ZOOM LINK</i>	
Fees: Registration Fee (TTD150) : TTD _____ (non-refundable) Workshop Fee IFMA Members (TTD7,000.00): TTD _____ (non-refundable) Workshop Fee IFMA Non-Members (TTD7,545): TTD _____ (non-refundable)	



Payment by:

- Certified Cheque
 Direct Deposit

Cheque is to be made payable to Trinidad & Tobago Chapter of the International Facility Management Association (IFMA)

Please bank the total fees payable to TTIFMA at RBC Bank (Account no.: 110000001690812)

Please email Registration Form and payment slip to: tntifma@gmail.com

How did you find out about the workshop: Essentials of Facility Management

- Referral: _____
- Internet / Email : _____
- Newspaper/ Magazine: _____
- Other: _____

Terms and Conditions:

- **Please note that the places in the workshop are available on a first-come-first-served basis**
- **No substitutions or transfers of participants is allowed**
- **A participant is considered formally registered for the workshop only when the registration form and all course fees are received by TTIFMA Invoices are available upon request**
- **Fees are non-refundable and all workshop fees must be paid in full at least four (4) days before the commencement of the workshop to ensure resource materials are shipped on time**

I hereby declare that I have read the above terms and conditions and that all the entries are true and correct.

Signature: _____ Date: _____