



EFMA 2017 Conference and Trade Show Registration Form

First Name: _____ Surname: _____

Organization: _____

Address: _____ Postal Code _____

Tel: _____ Fax: _____ Email: _____

Cheques, MasterCard or Visa are accepted, via web site www.efmabc.com. Forward form with payment.

Educational Facility Managers Association of BC
PO Box 19032, 1153 – 56th Street, Delta, BC V4L 2P8 fax 604-943-3541 email society@telus.net

Name on the card: _____

Credit Card # ____ / ____ / ____ / ____ Exp Date ____ / ____ Code: ____

Conference Fees

Members Full Conference Package (includes banquet)	\$450	_____
Non-Members Full Conference Package (includes banquet)	\$600	_____
Members One Day Pass (does <i>not</i> include banquet) Wed __ Thurs __ Fri _____	\$200	_____
Non-Members One Day Pass (does <i>not</i> include banquet) Wed __ Thurs __ Fri _____	\$300	_____
Professional Development “A” Leadership Development (2 days)	\$350	_____
Professional Development “B” Monday, May 29	\$300	_____
Partners Program (includes banquet)	\$100	_____
Additional Banquet Dinner ticket only	\$ 50	_____
Golf Tournament (handicap ____)	\$ 55	_____
	GST 5%	_____

Please indicate your selection of sessions and social events:

Total \$ _____

Tuesday – May 30

President’s Reception

Wednesday – May 31

Zone Meeting Breakfast

Luncheon

Exhibitors Hosted Evening

Concurrent Session 1

Concurrent Session 2

Concurrent Session 3

Concurrent Session 4

Concurrent Session 16

Thursday – June 1

Buffet Breakfast

Hosted Luncheon

Concurrent Session 5

Concurrent Session 6

Concurrent Session 7

Concurrent Session 8

Concurrent Session 9

Concurrent Session 10

Concurrent Session 11

Concurrent Session 12

Reception, Diner, Social

Friday – June 2

Consecutive Session 13

Consecutive Session 14

Consecutive Session 15 v

Please inform us of any dietary needs

Cancellation Policy: Cancellation of registration must be received before May 12, 2017 for registration fees to be refunded. A processing fee of \$50.00 will be charged on all refunds.