



COURSE REGISTRATION FORM

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.

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Special Needs: Please indicate any special needs.	
Dietary: ☐ Yourself ☐ Guest ☐ Vegetarian ☐ Kosher	
Food Allergy (please specify):	
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