



**EDUCATIONAL FACILITY MANAGERS ASSOCIATION
2022 CONFERENCE AND TRADE SHOW
Penticton Trade & Convention Centre
May 31 – June 3, 2022**

“Pride & Excellence – Raising the Bar”

COMPANY NAME: _____

SERVICE OR PRODUCT DESCRIPTION: _____

PHONE #: _____ E-MAIL: _____

MAILING ADDRESS: _____
 _____ POSTAL CODE _____

NOTE: This information is included in the Who's Who Booklet and placed on the EFMA Web site.

REGISTRATION FEES:

Name of Representative: _____

Associate Member:	Booth & 1 representative	\$ 1,200.00
Non-Member:	Booth & 1 representative	1,300.00

Associate Membership @ \$60.00 per Company (**must renew January 1, 2022**) _____

Additional Representatives @ \$200.00 each

Name	_____	_____
Name	_____	_____

Golf Tournament @ \$65.00 per registrant (see separate form) handicap _____

Name	_____	_____
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Partners Program (Spouse) @ \$150.00 each _____

Name	_____	_____
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Plus GST #804326411 RT0001 x 5 % _____

TOTAL \$ _____

Booth Request: 1 _____ 2 _____ 3 _____

“Requests will be taken but not ensured placement.”

OVER →

SOCIAL EVENTS:
(Included with registration)

Please indicate which social event(s) will be attended:

Number Attending:

Presidents' Reception

(Tuesday, May 31, 2022 @ 7:00 pm - 10:30 pm)

Delegates, Exhibitors & Partners Luncheon

(Wednesday, June 1, 2022 @ 11:30 am - 1:30 pm)

Exhibitors Hosted Evening

(Wednesday, June 1, 2022 @ 6:30 pm – 9:00 pm)

Delegates & Exhibitors Breakfast

(Thursday, June 2, 2022 @ 7:00 am - 8:00 am)

Exhibitors Hosted Lunch

(Thursday, June 2, 2022 @ 10:00 am - 1:00 pm)

Reception, Dinner and Social

(Thursday, June 3, 2022 @ 6:00 pm - 12:00 am)

TRADE SHOW TIMES:

Tuesday, May 31 @ 2:00 pm - 7:00 pm	= Exhibitor Booth Set-Up
Wednesday, June 1 & Thursday, June 2	= Trade Show
Thursday, June 2 @ 1:15 pm - 5:00 pm	= Exhibitor Booth Break Down

NOTE: Post-dated cheques are not accepted. Refunds will be issued with a \$25.00 administration fee, until May 15, 2022

Cheques, MasterCard or Visa are accepted, also able to pay via web site at www.efmabc.com. Please forward form with payment.

Name: _____

Credit Card # _____ / _____ / _____ / _____

Expire Date: _____ / _____ Code: _____

Education Facility Managers Association of BC
PO Box 19032
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If you have any questions, please contact:

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