

Registration Form

2017 BOMA International's
MEDICAL OFFICE BUILDINGS
+ HEALTHCARE REAL ESTATE
Conference
 May 10-12, 2017 | Denver, Colorado

Step I—Attendee Information

First Name	MI	Last Name	Nickname for Badge
Professional Designations			Title
Company			
Address			
City	State/Province	Zip/Postal Code	
Phone (REQUIRED)	Fax (Optional)	Email Address (REQUIRED)	

Please select all that apply:

- Check here if you are disabled or require special services.
- Check here if you any dietary restriction (kosher, vegetarian, celiac, etc.) Attach a written description of needs.

Step II—Conference Registration

Check the box next to your selection.

	By March 31	After March 31	Total \$
<input type="checkbox"/> Conference Registration	\$795	\$895	\$ _____
<input type="checkbox"/> Healthcare Provider Registration	\$795	\$895	\$ _____
<input type="checkbox"/> 2 nd Healthcare Provider Registration – Healthcare providers may take advantage of our buy one, get one free from the same organization. This registration must accompany the paid Healthcare Provider Registration.	\$0	\$0	\$ _____
<input type="checkbox"/> Teams of 5 – Register 5 team members for the price of 4, a savings of \$795	\$795	\$895	\$ _____

If you are registering for a team discount (you must all work for the same company). Please note: each individual registrant must complete a registration form and all forms **must** be submitted at the same time for the team discount to apply.

Step III—Optional Event Tickets

Check the box next to your selection.

- St. Anthony Medical Campus Tour – Wednesday, May 10 from 12:30 pm – 3:30 pm
 St. Anthony Hospital is a Level I Trauma Center in Lakewood, Colorado, providing a full range of medical specialties and health care services to Denver and the surrounding metro areas. You'll have the opportunity to learn more about this state-of-the-art medical campus on a special guided tour.

Please fill out the 2nd page for Demographics and Payment

Instructions

1. Please print all information.
2. Use separate registration form for each attendee registration.
3. Payment must accompany all registrations.
4. Payment must be in U.S. dollars. May be made by check, payable to BOMA International, or by American Express, VISA or MasterCard.
5. No refunds on registration cancellations made after April 21, 2017 and for "No Shows."
6. All cancellations and substitutions subject to \$50 processing fee.
7. Team Cancellation – should any member of the team cancel, you forfeit the complimentary registration. All other cancellations subject to a \$50 processing fee each.

Register Online at www.mob.boma.org

Or send completed form and payment to:
 CompuSystems
 Att: BOMA Int'l
 2651 Warrenville Rd,
 Suite 400
 Downers Grove, IL
 60515

Fax: 708-344-4444 (must include credit card)

To avoid duplicate charges, please either mail or fax your registration—DO NOT DO BOTH.

For additional information, contact Conference Registration by phone at 224-563-3176 or by email MOB@compusystems.com

BOMA MOB 2017 Conference Registration Form

First Name _____ Last Name _____
Email _____

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Step IV—Demographic Information

In addition to the information provided in Step 1, please complete the following demographic information to help us plan the meeting.

A) Professional Designations (check all that apply)

- | | | | | | |
|----------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|---------------------------------------|
| <input type="checkbox"/> AIA | <input type="checkbox"/> ARM | <input type="checkbox"/> CCIM | <input type="checkbox"/> CFA | <input type="checkbox"/> CPM | <input type="checkbox"/> FACHE |
| <input type="checkbox"/> LEED AP | <input type="checkbox"/> MAI | <input type="checkbox"/> MD | <input type="checkbox"/> PHD | <input type="checkbox"/> RPA | <input type="checkbox"/> Other: _____ |

B) Membership Affiliation (check all that apply)

- | | | | | | |
|---------------------------------|---------------------------------|-------------------------------|--------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> ACHE | <input type="checkbox"/> AHA | <input type="checkbox"/> AHLA | <input type="checkbox"/> AI | <input type="checkbox"/> AIA | <input type="checkbox"/> ASHE |
| <input type="checkbox"/> BOMA | <input type="checkbox"/> CREW | <input type="checkbox"/> HFMA | <input type="checkbox"/> IFMA | <input type="checkbox"/> IREM | <input type="checkbox"/> NAIOP |
| <input type="checkbox"/> NAREIM | <input type="checkbox"/> NAREIT | <input type="checkbox"/> ULI | <input type="checkbox"/> USGBC | <input type="checkbox"/> Other: _____ | |

C) Are you a first time attendee? Yes No

D) New this year we are planning activities for developing leaders. Do you have less than 5 years of experience in healthcare real estate? Yes No

E) What type of firm/company are you with? (check one)

- | | | | |
|---|--|---|------------------------------------|
| <input type="checkbox"/> Advisory/Consulting Firm | <input type="checkbox"/> Architecture | <input type="checkbox"/> Construction | <input type="checkbox"/> Developer |
| <input type="checkbox"/> Health Care System | <input type="checkbox"/> Independent Hospital | <input type="checkbox"/> Investor/Banking/Financing | <input type="checkbox"/> Legal |
| <input type="checkbox"/> REIT | <input type="checkbox"/> Real Estate Brokerage & Management Firm | <input type="checkbox"/> Other: _____ | |

F) What kind of healthcare real estate does your firm own, lease and/or manage? (check all that apply)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Ambulatory Surgery Centers (ASCs) | <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Free-Standing ER | <input type="checkbox"/> Hospitals |
| <input type="checkbox"/> Long Term Acute Care Centers (LTACs) | <input type="checkbox"/> Mixed-Use/Retail | <input type="checkbox"/> Medical Office Buildings (MOB) | <input type="checkbox"/> Senior Housing |
| <input type="checkbox"/> Skilled Nursing Facilities (SNF) | <input type="checkbox"/> Urgent Care | <input type="checkbox"/> Surgery Centers/Surgical Hospitals | <input type="checkbox"/> Other: _____ |

G) Job Function (check one)

- | | | | |
|---|---|---|------------------------------------|
| <input type="checkbox"/> Acquisitions/Dispositions | <input type="checkbox"/> Architect/Designer | <input type="checkbox"/> Asset Management | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Broker | <input type="checkbox"/> Business Development | <input type="checkbox"/> Construction/Project Management | <input type="checkbox"/> Developer |
| <input type="checkbox"/> Due Diligence/Underwriting | <input type="checkbox"/> Investment Banker | <input type="checkbox"/> Hospital/Health System Executive | <input type="checkbox"/> Leasing |
| <input type="checkbox"/> Marketing/Communications | <input type="checkbox"/> Portfolio Management | <input type="checkbox"/> Operations/Facilities Management | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Property Management | <input type="checkbox"/> Other: _____ | | |

H) How much healthcare real estate square footage does your firm/company own or lease? (check one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than 100,000 | <input type="checkbox"/> 100,000 – 299,999 | <input type="checkbox"/> 300,000 – 599,999 |
| <input type="checkbox"/> 600,000 – 999,999 | <input type="checkbox"/> 1 million – 1.999 million | <input type="checkbox"/> 2 million or more |

I) How did you hear about the conference? (check one)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> BOMA Email | <input type="checkbox"/> BOMA Website | <input type="checkbox"/> Friend/Colleague | <input type="checkbox"/> Mailed Brochure |
| <input type="checkbox"/> Print Advertisement | <input type="checkbox"/> Web Advertisement | <input type="checkbox"/> Previously Attended | <input type="checkbox"/> Social Media (i.e. LinkedIn, Twitter, Facebook) |
| <input type="checkbox"/> Other: _____ | | | |

Step V—Payment Information

Enclosed is my check for \$_____ payable to BOMA International in US dollars drawn on a US Bank. Checks will be processed electronically. If you do not want your check to be processed electronically, please use the credit card option below.

Please charge my credit card: (check one)
 AMERICAN EXPRESS VISA MasterCard

Card # _____ Exp. Date _____

Name on Card (print) _____ Signature —Your signature authorizes your credit card to be charged for the total payment due.