

Registration Form



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)		Email Address (REQUIRED)	

Please select all that apply:

- Check here if you are disabled or require special services.
- Indicate if you have any dietary restriction (kosher, vegetarian, celiac, etc.) _____

Step II—Conference Registration

Check the box next to your selection.

	By Aug. 31	Between Sept. 1 – 30	After Sept. 30	Total \$
<input type="checkbox"/> General Registration	\$875	\$925	\$975	\$ _____
<input type="checkbox"/> Healthcare Provider Registration	\$875	\$925	\$975	\$ _____
<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	\$0	\$ _____
<input type="checkbox"/> *Teams of 5 – Register 5 team members for the price of 4, a minimum savings of \$875.	\$875	\$925	\$975	\$ _____
<input type="checkbox"/> First-Time Healthcare Provider Registration First-time attendees who are employed by a hospital, health system or physician group are eligible for this offer. Employees of third-party management firms do not qualify.	\$0	\$0	\$0	\$ _____

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 discount to apply.*

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 cancellations made after Oct. 8 or for no-shows.
6. All cancellations subject to \$75 processing fee. Substitutions are accepted in lieu of cancellation.
7. Team Cancellation – should any member of the team cancel, you forfeit the complimentary registration. All other cancellations subject to a \$75 processing fee each.

Register Online at www.mob.boma.org

Or send completed form and payment to:
BOMA International
Att: Kanwal Saluja
1101 15th Street NW,
Suite 800, Washington,
DC 20005

Email: ksaluja@boma.org
(must include credit card)

To avoid duplicate charges, please either mail or e-mail 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 2021 Conference Registration Form

First Name _____ Last Name _____

Step III—Demographic Information

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

A) Professional Designations (check all that apply)

- AIA ARM CCIM CFA CMCP CPM FACHE
 LEED AP MAI MD PHD RPA Other: _____

B) Membership Affiliation (check all that apply)

- ACHE AHA AHLA AI AIA ASHE
 BOMA CREW HFMA IFMA IREM NAIOP
 NAREIM NAREIT ULI USGBC Other: _____

C) Are you a first-time attendee? Yes No

D) Please indicate your gender Male Female

E) Do you have less than 5 years of experience in healthcare real estate? Yes No

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

- Advisory/Consulting Firm Architecture Construction Developer
 Health Care System Independent Hospital Investor/Banking/Financing Legal
 REIT Real Estate Brokerage & Management Firm Other: _____

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

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

H) Job Function (check one)

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

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

- Less than 100,000 100,000 – 299,999 300,000 – 599,999
 600,000 – 999,999 1 million – 1.999 million 2 million or more

J) How much healthcare real estate are you responsible for managing? (check one)

- Less than 100,000 100,000 – 299,999 300,000 – 599,999
 600,000 – 999,999 1 million – 1.999 million 2 million or more
 Not Applicable Other: _____

Step IV—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 _____ Security Code _____

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