

# Registration Form

2023 BOMA International's  
**MEDICAL OFFICE BUILDINGS  
 + HEALTHCARE REAL ESTATE**  
 Conference  
 APRIL 26-28, 2023 | CHICAGO, IL

## Step I—Attendee Information

First Name	MI	Last Name	Nickname for Badge
Professional Designations		Job 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 Jan. 31	Between Feb. 1 – Mar. 31	After April 1	Total \$
<input type="checkbox"/> General Registration	\$925	\$975	\$1,025	\$ _____
<input type="checkbox"/> Healthcare Provider Registration	\$925	\$975	\$1,025	\$ _____
<input type="checkbox"/> 2 <sup>nd</sup> 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 \$925.	\$925	\$975	\$1,025	\$ _____
<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 2<sup>nd</sup> 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 April 15 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](http://www.mob.boma.org)

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

OR

Email:  
[mob@csreg.zohodesk.com](mailto:mob@csreg.zohodesk.com)  
*(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@csreg.zohodesk.com](mailto:mob@csreg.zohodesk.com)

## BOMA MOB 2023 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       Prefer not to answer

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.