Registration Form

2018 BOMA International's MEDICAL OFFICE BUILDINGS + HEALTHCARE REAL ESTATE Conference
May 9-11, 2018 | Houston, Texas

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 Jan. 31	Feb. 1 – March 31	After March 31	Total $
☐ Conference Registration	$795	$845	$895	$_____
☐ Healthcare Provider Registration	$795	$845	$895	$_____
☐ 2nd 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	$_____
☐ Teams of 5 – Register 5 team members for the price of 4.	$795	$845	$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.

☐ Building Tour: Texas Medical Center – Wednesday, May 9 from Noon – 3:30 pm

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 20, 2018 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)

☐ AIA ☐ ARM ☐ CCIM ☐ CFA ☐ 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 kind 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 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.