

# Medical Office Buildings and Healthcare Facilities Conference

**May 2 – 4, 2012**  
**Hyatt Regency**  
**Atlanta, GA**

## Step I—Attendee Registration

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

	April 2, 2012	After April 2, 2012	Total \$
1 <input type="checkbox"/> Conference Registration	\$675	\$775	\$ _____
<b>Total Step II</b> .....			<b>\$ _____</b>

### Team Savings

If you are registering for a team discount (you must all work for the same company), please check the box. *Please note:* each individual registrant must complete a registration form and all forms must be submitted at the same time as a group with full payment.

- Teams of 5 – Register 5 team members for the price of 4, a savings of \$675.

## Step III—Demographic Information

In addition to the information provided in Step 1, please complete the following demographic information. This data helps us to better plan and meet the needs of our conference attendees.

<p>A) Member Affiliation (check all that apply)</p> <p>1 <input type="checkbox"/> BOMA                      5 <input type="checkbox"/> HFMA</p> <p>2 <input type="checkbox"/> IFMA                        6 <input type="checkbox"/> ACHE</p> <p>3 <input type="checkbox"/> ULI</p> <p>4 <input type="checkbox"/> Other, please specify: _____</p> <p>B) First Time Attendee?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>C) Job Function (check one)</p> <p>1 <input type="checkbox"/> Broker</p> <p>2 <input type="checkbox"/> Property Management</p> <p>3 <input type="checkbox"/> Asset Management</p> <p>4 <input type="checkbox"/> Portfolio Management</p> <p>5 <input type="checkbox"/> Hospital Exec/CFO/Chief Physician Recruiter</p> <p>6 <input type="checkbox"/> Physician</p> <p>7 <input type="checkbox"/> Investment Banker</p> <p>8 <input type="checkbox"/> Business Development</p> <p>9 <input type="checkbox"/> Attorney</p> <p>10 <input type="checkbox"/> Other, please specify: _____</p> <p>D) What kind of healthcare real estate does your firm own, lease and/or manage? (check all that apply)</p> <p>1 <input type="checkbox"/> Medical Office Buildings (MOBs)</p> <p>2 <input type="checkbox"/> Ambulatory Surgery Centers (ASCs)</p> <p>3 <input type="checkbox"/> Hospitals</p> <p>4 <input type="checkbox"/> Long Term Acute Care Centers (LTACs)</p> <p>5 <input type="checkbox"/> Assisted Living</p> <p>6 <input type="checkbox"/> Senior Housing</p> <p>7 <input type="checkbox"/> Skilled Nursing Facilities (SNF)</p> <p>8 <input type="checkbox"/> Other, please specify: _____</p>	<p>E) What type of firm/company are you with? (check one)</p> <p>1 <input type="checkbox"/> Real Estate Brokerage &amp; Management Firm</p> <p>2 <input type="checkbox"/> RETT</p> <p>3 <input type="checkbox"/> Investor/Banking/Financing</p> <p>4 <input type="checkbox"/> Healthcare Care System</p> <p>5 <input type="checkbox"/> Developer</p> <p>6 <input type="checkbox"/> Legal</p> <p>7 <input type="checkbox"/> Architect</p> <p>8 <input type="checkbox"/> Advisory/Consulting Firm</p> <p>9 <input type="checkbox"/> Other, please specify: _____</p> <p>F) How much MOB or other healthcare real estate square footage does your firm/company own or lease? (check one)</p> <p>1 <input type="checkbox"/> Less than 100,000</p> <p>2 <input type="checkbox"/> 100,000 - 299,999</p> <p>3 <input type="checkbox"/> 300,000 - 599,999</p> <p>4 <input type="checkbox"/> 600,000 - 999,999</p> <p>5 <input type="checkbox"/> 1 million - 1.999 million</p> <p>6 <input type="checkbox"/> 2 million or more</p> <p>G) How did you hear about the conference? (check one)</p> <p>1 <input type="checkbox"/> Mailed brochure</p> <p>2 <input type="checkbox"/> Email/BOMA Website</p> <p>3 <input type="checkbox"/> National Real Estate Investor</p> <p>4 <input type="checkbox"/> Medical Office Today</p> <p>5 <input type="checkbox"/> Healthcare Real Estate Insights</p> <p>6 <input type="checkbox"/> Linked-In</p> <p>7 <input type="checkbox"/> Friend/Colleague</p> <p>8 <input type="checkbox"/> Other, please specify: _____</p>
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## 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
Name on Card (print)	Signature —Your signature authorizes your credit card to be charged for the total payment due.

## 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 16, 2012 and for “No Shows”.
6. All cancellations and substitutions subject to \$50 processing fee.
7. Team Cancellation – should any member of the team cancel, forfeit the complimentary registration. All other cancellations subject to a \$50 processing fee each.

**Register Online at**  
[www.boma.org/mob](http://www.boma.org/mob)

Or send completed form and payment to:  
 CompuSystems  
 Att: BOMA Int'l  
 PO Box 6271  
 Broadview, IL 60155

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 708-486-0707 or by email [MOB@compusystems.com](mailto:MOB@compusystems.com)