

2010 WBM & NIC Conference Registration

Name _____
(First) (Middle Initial) (Last)

Title _____

Company _____

Address _____

City _____ State/Province _____

Zip/Mail Code _____ Country _____

Phone (____) _____ Fax (____) _____

E-mail _____

Prof. Desigs. _____ Nickname for Badge _____

Only indicate the spouse/guest name if paying for a Spouse/Guest Registration below.

Spouse/Guest Name _____
(First) (Middle Initial) (Last)

Check here if you are disabled or require special services. Attach a written description of needs.

Delegate and Guest Registration (please check)

_____ Delegate \$595
 _____ Life Member \$295
 _____ Spouse/Guest (please make sure to enter name above) \$100
 _____ Additional BOMA Local Association Staff * \$295

Total Registration \$ _____

**The BAE or one other staff person must be registered at the full rate. Additional local office staff only; may not be transferred to a member or volunteer. Please provide the name of the local staff member registered at the full rate: _____*

Additional Event Tickets (for additional tickets to what is already included in the Delegate or Spouse/Guest registration)

Event	Quantity	Unit Price	Total
Monday Welcome Reception	_____	\$70	\$ _____
Tuesday Spouse/Guest Breakfast	_____	\$40	\$ _____
Wednesday Spouse/Guest Breakfast	_____	\$40	\$ _____
Wed. Regional Lunch/Board Meeting	_____	\$55	\$ _____
Wed. Networking Reception	_____	\$70	\$ _____

Total Event Tickets \$ _____

Grand Total \$ _____

(Must be in U.S. dollars)

Payment Information

_____ Enclosed is my check for \$ _____ payable to BOMA International.

_____ Please charge to my credit card (check):

AMEX MasterCard VISA

Credit Card # _____

Exp. Date _____ Card ID #* _____

Name on Card (print) _____

Signature _____

Billing Address _____

*For Amex: The Card Identification # is the 4 digit, non-embossed number printed above your account number on the face of your card. For Visa/MasterCard: The 3-digit Card Identification # is printed on the signature panel on the back of the card immediately following the account number. This number is recorded as an additional security precaution.

Your signature authorizes your credit card to be charged for the total payment due. BOMA International reserves the right to charge the correct amount if different from the total listed.

BOMA
International

Winter Business
Meeting and
National Issues
Conference

February
1 - 4, 2010
Washington, DC

1. Please print or type all information.
2. Use separate registration form for each delegate registration.
3. Payment must accompany all registrations.
4. Payment must be in U.S. dollars.
5. Payment may be made by check, payable to BOMA International, or by American Express, Visa, or MasterCard.
6. All cancellations and substitutions subject to \$25 processing fee.
7. No refunds on cancellations made after January 18, 2010 or for conference "no-shows."

FAX to 202-682-5934 with credit card payment information.

If paying by check, mail completed form and payment to: BOMA International, P.O. Box 79330, Baltimore, MD, 21279-0330

Registrations without payment will not be confirmed. To avoid duplicate charges on your credit card, please either mail or FAX your registration—do not do both.

For additional information, contact BOMA Registrar at 202-326-6341 or e-mail ksaluja@boma.org

