

2018 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 needs.

Full Conference and Guest Registration (please check)

_____ Full Conference	\$625
_____ Life Member	\$325
_____ Spouse/Guest (please make sure to enter name above)	\$100
_____ *Additional BOMA Local Association Staff	\$325

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 Full Conference or Spouse/Guest registration)

Event	Quantity	Unit Price	Total
Monday Welcome Reception	_____	\$100	\$ _____
Tuesday Keynote Luncheon	_____	\$100	\$ _____
Wed. Regional Breakfast/Board Meeting	_____	\$100	\$ _____
Wed. Spouse/Guest Breakfast	_____	\$75	\$ _____
Wed. Networking Reception	_____	\$100	\$ _____

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.

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

BOMA
International

Winter Business
Meeting and
National Issues
Conference
January 28 - 31
Washington, DC

1. Please print or type 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.
5. Payment may be made by check, payable to BOMA International, or by American Express, Visa, or MasterCard.
6. All cancellations are subject to \$50 processing fee.
7. No refunds on cancellations made after January 12, 2018 or for conference "no-shows"
8. Substitutions are accepted in lieu of cancellations.

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

*If paying by check, mail completed form and payment to: BOMA International
1101 15th Street NW, Suite 800
Washington, DC 20005*

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

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