

# 2017 Winter Business Meeting

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)	\$150
_____ *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
Saturday Welcome Reception	_____	\$100	\$ _____
Sunday Keynote Luncheon	_____	\$100	\$ _____
Mon. Regional Lunches/Board Meeting	_____	\$100	\$ _____
Monday Closing Reception	_____	\$100	\$ _____
Sunday Spouse/Guest Breakfast	_____	\$ 75	\$ _____

**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

January 28 - 31, 2017  
Manchester Grand Hyatt  
San Diego, CA

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 6, 2017 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](mailto:ksaluja@boma.org)**