

# Medical Office Buildings and Healthcare Facilities Conference



## Instructions

1. Please print all information.
2. Registration must be received by April 21<sup>st</sup>.
3. Space is limited and reserved on first-come, first served basis.
4. Use separate registration form for each attendee registration.
5. Payment must accompany all registrations.
6. Payment must be in U.S. dollars. May be made by check, payable to BOMA International, or by American Express, VISA or MasterCard.
7. No refunds on registration cancellations made after April 21, 2010 and for "No Shows".
8. All cancellations and substitutions subject to \$50 processing fee.

## Step I—Thursday Morning Registration Only

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

## Step II—Morning Registration Only

Check the box next to your selection.

<input type="checkbox"/> Thursday Morning Registration Only	\$60	<b>Total</b> \$ _____
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**Schedule** – Please note this is a special offer to attend the Thursday morning session only. If you would like to attend the full conference please register at [www.boma.org/mob](http://www.boma.org/mob).

Thursday, May 6, 2010  
 6:45 am – 8:15 am: Exhibit Visits and Continental Breakfast  
 8:15 am – 9:30 am: Education session – “Stress Tests: A CFO Roundtable”

## 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) Job Function (check one)</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> Broker</li> <li><input type="checkbox"/> Property Management</li> <li><input type="checkbox"/> Asset Management</li> <li><input type="checkbox"/> Portfolio Management</li> <li><input type="checkbox"/> Hospital Exec/CFO/Chief Physician Recruiter</li> <li><input type="checkbox"/> Physician</li> <li><input type="checkbox"/> Investment Banker</li> <li><input type="checkbox"/> Business Development</li> <li><input type="checkbox"/> Lawyer</li> <li><input type="checkbox"/> Other, please specify _____</li> </ol> <p>B) What kind of healthcare real estate does your firm own, lease and/or manage? (check all that apply)</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> Medical Office Buildings (MOBs)</li> <li><input type="checkbox"/> Ambulatory Surgery Centers (ASCs)</li> <li><input type="checkbox"/> Hospitals</li> <li><input type="checkbox"/> Long Term Acute Care Centers (LTACs)</li> <li><input type="checkbox"/> Assisted Living</li> <li><input type="checkbox"/> Senior Housing</li> <li><input type="checkbox"/> Other, please specify _____</li> </ol>	<p>C) What type of firm/company are you with? (check one)</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> Real Estate Brokerage &amp; Management Firm</li> <li><input type="checkbox"/> REIT</li> <li><input type="checkbox"/> Investor/Banking/Financing</li> <li><input type="checkbox"/> Healthcare Care System</li> <li><input type="checkbox"/> Construction/Developer</li> <li><input type="checkbox"/> Legal</li> <li><input type="checkbox"/> Architect</li> <li><input type="checkbox"/> Advisory/Consulting Firm</li> <li><input type="checkbox"/> Other, please specify _____</li> </ol> <p>D) How much MOB or other healthcare real estate square footage does your firm/company own or lease? (check one)</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> Less than 100,000</li> <li><input type="checkbox"/> 100,000 - 299,999</li> <li><input type="checkbox"/> 300,000 - 599,999</li> <li><input type="checkbox"/> 600,000 - 999,999</li> <li><input type="checkbox"/> 1 million - 1.999 million</li> <li><input type="checkbox"/> 2 million or more</li> </ol>
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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.  
 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.

Billing Address (if different than above) \_\_\_\_\_