



# 2017 REGISTRATION FORM

Please print legibly.  
Submit a separate form for each person registering.

First name \_\_\_\_\_

Last name \_\_\_\_\_ AIA, CSI, P.E., Etc

Title \_\_\_\_\_

Company \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

AIA member number if applicable \_\_\_\_\_

<b>1. Your title/Function</b>	<b>3. Number of Employees</b>
<input type="checkbox"/> CEO/President	<input type="checkbox"/> 1-10
<input type="checkbox"/> Principal/Director/VP	<input type="checkbox"/> 11-25
<input type="checkbox"/> Project Manager	<input type="checkbox"/> 26-50
<input type="checkbox"/> Project Architect	<input type="checkbox"/> More than 51
<input type="checkbox"/> Interior Designer	
<input type="checkbox"/> Business	<b>4. Specifying Role</b>
<input type="checkbox"/> Manager/Controller	<input type="checkbox"/> Make final decision
<input type="checkbox"/> Designer	<input type="checkbox"/> Recommend
<input type="checkbox"/> Facility Manager	<input type="checkbox"/> No Role
<input type="checkbox"/> Specifier	
<input type="checkbox"/> Student	<b>5. Firms Work</b>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Medical Office Building
	<input type="checkbox"/> Hospital
<b>2. Firm Type</b>	<input type="checkbox"/> Commercial
<input type="checkbox"/> Architecture	<input type="checkbox"/> Government
<input type="checkbox"/> Educational	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> A/E or E/A	<input type="checkbox"/> University/ Schools
<input type="checkbox"/> Healthcare	Other _____
<input type="checkbox"/> Building Products	
<input type="checkbox"/> Building Services	<b>6. I am a Member of</b>
<input type="checkbox"/> Landscape Architecture	<input type="checkbox"/> AIA <input type="checkbox"/> ABC
<input type="checkbox"/> Interior Design/Space Planning	<input type="checkbox"/> ACEC <input type="checkbox"/> AGC
<input type="checkbox"/> Specifying/Cost Estimating	<input type="checkbox"/> ASHRAE <input type="checkbox"/> ASID
<input type="checkbox"/> Planning/Urban Design	<input type="checkbox"/> BOMA <input type="checkbox"/> BSA
<input type="checkbox"/> Facility Management	<input type="checkbox"/> BSLA <input type="checkbox"/> CSI
<input type="checkbox"/> General Contractor	<input type="checkbox"/> FGI <input type="checkbox"/> IHCD
<input type="checkbox"/> Government	<input type="checkbox"/> NESEA <input type="checkbox"/> NEWIRE
<input type="checkbox"/> Real Estate Development	<input type="checkbox"/> USGBC <input type="checkbox"/> None
<input type="checkbox"/> Academia/Educational Institution	Other _____
<input type="checkbox"/> Marketing/PR	
<input type="checkbox"/> Finance	
<input type="checkbox"/> Other _____	

March 20  
Early Bird/Late

**1. Admission to Exhibit Hall**

Exhibit Hall \$ 0.00

**2. Individual Workshops** \$ 65.00/\$80.00

Includes 1 Drink Ticket for Networking Reception

**Tuesday**

8:00 AM	T10	T11	T12	T13	T14	T15	T16	T17	T18
10:00 AM	T20	T21	T22	T23	T24	T25	T26	T27	T28
2:00 PM	T30	T31	T32	T33	T34	T35	T36	T37	T38
4:00 PM	T40	T41	T42	T43	T44	T45	T46	T47	T48

**Wednesday**

8:00 AM	W10	W11	W12	W13	W14	W15	W16	W17	W18
10:00 AM	W20	W21	W22	W23	W24	W25	W26	W27	W28
2:00 PM	W30	W31	W32	W33	W34	W35	W36	W37	W38
4:00 PM	W41	W42	W43	W44	W45	W46	W47	W48	

**3. 2-Day Package**

April 4th & 5th \$525.00/\$575.00

Includes 2 Lunches & 2 Drink Tickets

**4. Tuesday Day Pass**

April 4th \$275.00/\$300.00

Includes Lunch & 2 Drink Tickets

**5. Wednesday Day Pass**

April 5th \$275.00/\$300.00

Includes Lunch & 2 Drink Tickets

**6. Receptions**

Networking Reception, April 4<sup>th</sup> Tuesday 5:30 - 6:30 Free

**7. Complimentary Sessions**

W40  X10  Z31

**Payment**

MED-Ed reserves the right to adjust any total charges due to form errors

**Total Cost (Sums of 1 through 7)** \$ \_\_\_\_\_

**Promotional Code** \_\_\_\_\_ \$ \_\_\_\_\_

**Total Amount Due** \$ \_\_\_\_\_

**Payment type:**

Cash  Check

**Select type of Card:**

Amex  Visa  MasterCard  Discover

Credit Card Number \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name exactly as printed on card \_\_\_\_\_

**Fax:** 508.790.4750  
**Mail:** MED|Ed Facilities  
 1645 Falmouth Road Suite 1A  
 Centerville, MA 02632  
**Online:** [www.mededfacilities.com](http://www.mededfacilities.com)  
**Email:** [dmcelaney@tradeshowsmgmt.com](mailto:dmcelaney@tradeshowsmgmt.com)