



Sept. 30 - Oct. 2, 2009 • Navy Pier • Chicago, IL

All information must be filled in completely for your registration to be processed and to receive the appropriate registration rate.

NAME _____ SOURCE CODE _____

TITLE _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

WEBSITE _____

- I would NOT like to receive offers from third party organizations affiliated with the Healthcare Facilities Symposium & Expo via email.
- Check here if you require special assistance onsite and describe your needs below:

SELECT YOUR REGISTRATION PACKAGE

Group Rates are available for groups of 3 or more. Send your whole team and SAVE UP TO 50%! Call 631-725-8645 for more info!

	EARLY BIRD Through July 31	LATE ADVANCE Aug. 1 - Sept. 29	ONSITE Sept. 30 - Oct. 2
ALL ACCESS PASS (A1) INCLUDES: 2½ Days of Conference Sessions, 2 Days of Expo, Keynotes, Access to Online Presentations <i>(Does not include Pre-conference Workshop or tours)</i>	\$995	\$1,195	\$1,395
PRE-CONFERENCE WORKSHOP (WS) Cultivating "Generative Space" in Healthcare Facilities Tuesday, September 29, 1:30 - 5:30 p.m. <i>Workshop not available for exhibits only package</i>	\$295	\$395	N/A
PRE-CONFERENCE FACILITY TOURS* Tuesday, September 29 <i>Select one only</i>			
• FT1: Chicago Botanical Gardens (1:00 - 5:00 p.m.)	\$50	\$50	N/A
• FT2: CAF's Architecture River Cruise (2:00 - 3:30 p.m.)	\$28	\$28	N/A
<i>Separate registration is required for FT2. See website for details.</i>			
POST-CONFERENCE FACILITY TOURS* Friday, October 2, 2:00 - 5:00 p.m. <i>Select one only</i>			
• FT3: Chicago Family Health Center - South Chicago Center	\$50	\$50	N/A
• FT4: St Mary & Elizabeth and Stroger County Emergency Dept.	\$50	\$50	N/A
• FT5: Mather Lifeways of Evanston	\$50	\$50	N/A
<i>*Registration deadline for all tours is September 11. Tours not available for exhibits only package</i>			
EXHIBIT & KEYNOTE PASS (EK) INCLUDES: Exhibit Hall, Keynote, and Learning Lounge	\$0	\$0	\$50

PAYMENT INFORMATION

- Enclosed is a check or money order payable to JD Events/Healthcare Facilities Symposium. AMOUNT: \$ _____
- I'm registering for the exhibit and keynote pass - no payment necessary
- Please charge my registration to the credit card indicated:
- MasterCard VISA American Express

ACCOUNT # _____ EXP. DATE _____

CARD HOLDER'S SIGNATURE _____

NAME AS APPEARS ON CARD (please print) _____

Government and academic pricing is available by calling 203-371-6322.

Are you a member of a sponsoring association? Call 203-371-6322 for your industry discount!

If you need accommodations that meet the regulations of the American with Disabilities Act please call at least seven days prior to the event.

REGISTRATION CONFIRMATION: You will receive email confirmation within 72 hours of receipt. If you do not receive confirmation contact customer service.

HOW TO REGISTER:

WEB www.hcarefacilities.com

FAX 203-371-8894

PHONE 203-371-6322

MAIL HFSE c/o JD Events
5520 Park Avenue,
Suite 305
Trumbull, CT 06611

ABOUT YOU

To process your registration, the information below must be complete.

1. Which of the following best describes your industry? (Select One)

- A Architecture
- B Construction/General Contractor
- C Interior Design Firm
- D Hospital/Healthcare Facility
- E Engineering
- F Manufacturer/Vendor
- G Government/Military/Defense
- I Other (please specify) _____

2. Which of the following best describes your job function? (Select One)

- A Analyst/Consultant
- B Corporate Management (VP/General Manager/Department Manager)
- C Engineer/Architect
- D Executive Management (CEO, CFO, COO, CKO, President, Principal, Owner)
- E Facility Manager/Planner
- F Healthcare Executive
- G Healthcare Practitioner
- H Interior Designer
- I Manufacturer/Vendor
- J Sales/Marketing
- K Construction/Project Manager
- L Other (please specify) _____

3. How many employees work for your organization (all divisions and locations)? (Select One)

- A Less than 50
- B 50 - 99
- C 100 - 499
- D 500 - 999
- E 1,000 - 4,999
- F Over 5,000

4. What is your involvement in the purchasing decisions at your company? (Select One)

- A Final
- B Evaluate/Specify
- C Influence
- D Recommend/Determine Need
- E No Role

5. Will you be starting healthcare design project in next 12 months? (Select One)

- A Currently Involved in a project
- B Yes
- C No
- D Do Not Know

6. Is this your first Symposium? (Select One)

- A Yes
- B No

7. Do you want your contact information (excluding phone, fax and email) included in the attendee list? (Select One)

- A Yes
- B No

Cancellations received by July 31, 2009 will receive a full refund. After July 31 but before August 28 you will receive a full refund, minus a \$250 processing fee. After August 28 no refunds will be issued. Substitutions may be made at any time and without charge. All substitutions and cancellations must be submitted in writing to JD Events.

PLEASE NOTE: Show management reserves the right to qualify any and all attendees to its events. We reserve the right to deny access to any individual that does not qualify, at our discretion, as an industry professional. The Healthcare Facilities Symposium & Expo is a trade event and no one under the age of 18 will be admitted. JD Events reserves the right to provide qualified substitute speakers in the event of emergency, illness or other like event. If for any reason JD Events has to cancel a workshop or track session the attendee is still responsible for the full amount of their registration fee. JD Events will make every attempt to immediately notify registrants of any changes or cancellations.

Space in workshops and facility tours are on first-come, first serve basis. JD Events reserves the right to close registration for sessions if necessary.