



March 21-23, 2010
Hotel del Coronado • San Diego, CA

SPEAKER REGISTRATION FORM

Registration Questions Please Call:
RHQ at (702) 944-8753 please ask for EFA.10 Desk
or Email: Customercare2@rhq.com

Please fax your form to (702) 597.0264 Attention: EFA.10 Desk.

Registration Information

If you are registering with a credit card please fax the form to (702) 597.0264 Attention: EFA.10 Desk.
If you are registering with a check, mail the form and your payment to:
Vendome Group, Conference Lock Box, PO Box 5729, Hicksville, NY 11802-5729

(One registration form per attendee, please copy this form for additional registrants. Please print clearly.)

First Name _____ Last Name _____
(as it will appear on the badge)

Job Title _____ Organization Name _____

Degree _____

Mailing Address _____ Address 2 _____

City _____ State/Prov _____ ZIP/Postal Code _____ Country _____

Phone _____ Fax _____ Attendee e-mail _____
(required for confirmation)

Name and e-mail address of person coordinating this registration (if other than above) _____

Please check box if you have special needs. You will be contacted to discuss.

In what type of organization do you work?

- Architect/Interior Designer
- Facilities Manager/Facilities Planner
- Real Estate/Property Manager
- University Educator/Employee
- Product/Service Provider
- Construction Manager, Product Manager
- Government/Agency Representative
- Administrator, Vice President, Director
- Care Provider
- Other _____

Please Indicate your Association Affiliation:

- AIA
- SAGE
- The Center for Health Design
- IIDA
- ASID
- IFMA
- AAHID
- NAHB
- Other _____

Session Sign-up

Please note that there is limited availability for the Facility Tours. If you register for a Facility Tour, please check your confirmation when you receive it to ensure that you are in fact registered.

Check your chosen course number for each day.

- Sunday:** T1—Pre-Conference Facility Tour\$20
 T2—Pre-Conference Facility Tour\$20
 W1 W2 W3 W4 W5
- Monday:** E1 E2 E3 E4 E5
 E6 E7 E8 E9 E10
 E11 E12 E13 E14 E15
 E16 E17 E18 E19 E20
- Tuesday:** E21 E22 E23 E24 E25
 E26 E27 E28 E29 E30

Please double-check your confirmation e-mail to verify your status and session selections.

Registration & General Information

Please check the appropriate box(es) below and fill in the total registration amount.

Full Conference Pass: Full-conference attendees are entitled to the following conference components: access to the Exhibit Hall and Galleries, and all educational programs (Focus Workshops, Keynotes, Morning Symposium, Discussion Groups, and Educational Sessions), educational materials (including but not limited to electronic and the conference program), all provided meals (2 breakfasts, 2 lunches), and networking events (Opening Reception, Awards Ceremony, and Monday Night Networking Party).

Regular Rate Full Conference	Complimentary
Spouse/Guest Rate	\$175
(Provided meals, Exhibit Hall & receptions only— guests do not have access to educational programs.)	
Additional Conference Fees: Facility Tour	\$20

Spouse/Guest Full Name: _____

TOTAL REGISTRATION AMOUNT \$ _____

Payment Information

Please indicate your payment method:

Check (payable to Vendome Group, LLC—U.S. dollars only) Mail to: Vendome Group, C/O Conferences Lock Box, PO Box 5729, Hicksville, NY 11802-5729

Credit card: VISA MasterCard American Express

Card Number _____

Credit Card Security Code _____ Exp. Date _____

Full Name on Card (print) _____

Billing Address for Card _____
(if different from above)

Signature _____

I agree to pay the total registration amount according to the card issuer's agreement.

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