



ROUNDTABLE MODERATOR REGISTRATION FORM

November 8-11, 2008
Gaylord National Hotel, Washington DC

Please return completed forms to Whitney Dean

Fax: 603.222.2233

Email: wdean@vendomegrp.com

Mail: Vendome Group, Conference Lock Box
PO Box 5729, Hicksville, NY 11802-5729

Roundtable Moderators receive one \$600, discounted full conference registration, which includes access to the exhibit hall and galleries, educational programs (Focus Workshops, Keynotes, Roundtable Discussions, and Breakout Sessions), educational materials, provided meals (2 breakfasts, 3 lunches), and networking events (Opening Reception, Awards Ceremony, and Monday Night Networking Party).

PLEASE NOTE: Facility Tours, Spouse/Guest Passes, and the Saturday ACHA Workshops require additional fees. **All Moderators are required to register for the conference using this form.** Please indicate your session selections below. If you would like to take part in a facility tour and/or additional roundtable discussions, you are encouraged to pre-register as soon as possible, because space is limited.

Registration Information

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

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

Job Title _____ Organization Name _____

Mailing Address _____

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

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

Please check box if you have special needs. (You will be contacted to discuss) Would you like your Name, Company and Mailing Address distributed? Yes No

In what type of organization do you work? (Required)

- Architectural or A/E Firm
- Interior Design Firm
- Design/Build Firm
- Hospital/Specialty Medical Center
- University/Medical School
- Manufacturing/Distribution
- Medical Office/Clinic/Outpatient Center
- Other

What is your Job Function? (Required)

- Administrator, VP, Director
- Architect
- Chief Engineer
- Construction/Project Manager
- Consultant/Medical Planner
- Facilities Mgr. /Planner
- Interior Designer
- President, CEO, COO, CFO, Owner

Are you affiliated with an association? (Required)

- AIA/AAH
- ACHA
- IIDA
- ASID
- AAHID
- IFMA
- NIHD
- NACHRI
- GOVT
- Student
- The Center for Health Design

Session Sign Up (Circle your chosen course numbers for each day.)

Space for Facility Tours and Roundtable Discussions is limited and will be allocated on a first-to-register basis.

Saturday 9:00 am – 2:00 pm: ACHA Master's Series 1 (\$99 members /\$150 non-members – Include in Payment Total Below)
 ACHA Programming & Planning Workshop 2 (\$99 members /\$150 non-members – Include in Payment Total Below)
 2:00 pm – 6:00 pm: Tours (additional \$20 – Include in Payment Total Below): T1 T2 T3 T4 T5 T6 T7 T8 T9

Sunday: 9:00 am – 11:00 am W1 W2 W3 W4 W5
 1:00 pm – 3:00 pm W6 W7 W8 W9

	Educational Sessions								Roundtable Discussions							
Monday:	8:00 am – 9:00 am	E1	E2	E3	E4	E5	E6	E7	R1	R2	R3	R4	R5	R6	R7	
	9:15 am – 10:15 am	E8	E9	E10	E11	E12	E13	E14	R8	R9	R10	R11	R12	R13	R14	
	10:30 am – 11:30 am	E15	E16	E17	E18	E19	E20	E21	R15	R16	R17	R18	R19	R20	R21	
	3:00 am – 4:00 pm	E22	E23	E24	E25	E26	E27	E28	R22	R23	R24	R25	R26	R27	R28	
	4:15 am – 5:15 pm	E29	E30	E31	E32	E33	E34	E35	R29	R30	R31	R32	R33	R34	R35	

Tuesday: 9:15 am – 10:15 am E36 E37 E38 E39 E40 E41 E42 R36 R37 R38 R39 R40 R41 R42
 10:30 am – 11:30 am E43 E44 E45 E46 E47 E48 E49 R43 R44 R45 R46 R47 R48 R49

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

Conference Passes

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

- Moderator Full Conference Pass: \$600**
- Facility Tour: \$20**
Attendees can sign up for ONE Tour on Saturday.
This fee is nonrefundable upon cancellation and substitutions can not be made.
- Spouse/Guest Rate: \$195**
(Provided meals, Exhibit Hall & receptions only.
Guests do not have access to educational programs)
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, Conference Lock Box
PO Box 5729, Hicksville, NY 11802-5729
- Credit Card (circle one): VISA MasterCard American Express
Card #: _____ Ex. Date: _____
Name on Card (print): _____

Signature: _____
I agree to pay the total registration amount according to the card issuer's agreement