Midwest Healthcare Engineering Conference & Trade Show

November 3-5, 2010

INSTRUCTIONS - SEE brochure for registration policies. It is your responsibility to make yourself aware of all policies. **To Register:** Visit **www.midwest-healthcare-engineering.org** to register online **OR** COMPLETE one form for each registrant. Type or print clearly within boxes. **MAIL** completed form and fee(s) to Midwest Healthcare Engineering Conference, 135 S. Mitthoeffer Rd., Indianapolis, IN 46229. **FAX** completed forms with Credit Card payment to 317-578-0621. **Questions** Call 317-713-1551

FIRST NAME

LAST NAME

TITLE

COMPANY

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

REGISTRATION FEES
(check the fee paid)

	Early Bird On/Before 8/27/10	Pre-Show On/Before 10/8/10	On-Site On/After 10/8/10
Full Registration	❑ $350	❑ $360	❑ $370
One Day Wednesday	❑ $250	❑ $260	❑ $270
One Day Thursday	❑ $250	❑ $260	❑ $270
One Day Friday	❑ $250	❑ $260	❑ $270
Spouse Registration	❑ $75	❑ $75	❑ $75
Lucas Oil Stadium Tour	❑ $5	❑ $5	❑ $5
CHFM Preparation Workshop	❑ $195	❑ $195	❑ $195

The following registration options are for exhibiting company trade show personnel only.

Exhibitor Complimentary Exhibit Hall Pass *2 per 8'x10' or 10'x10' booth*	❑ n/c
Exhibitor Additional Exhibit Hall Pass	❑ $50
Exhibitor All Access Pass	❑ $160
Exhibitor Additional Dinner Ticket*	❑ $75

*Dinner is included Exhibitor All Access Pass

REGISTRATION TOTAL AMOUNT DUE $

PAYMENT must accompany the registration form. AMERICAN EXPRESS IS NOT ACCEPTED.

❑ Visa ❑ MasterCard ❑ Check payable: Midwest Healthcare Engineering Conference and Trade Show

Credit Card Number

Exp. Date

Print name on credit card

Signature
(Authorizing Midwest Healthcare Engineering Conference to charge account)

Billing Address of Credit Card

Billing City

Billing State

Billing Zip Code

I work in/as a: (check one)

❑ Facility Engineer
❑ Bio Medical/Clinical
❑ Safety & Security
❑ Infection Control
❑ Energy
❑ Design & Construction
❑ Loss/Prevention/Risk
❑ Architect
❑ Engineer
❑ Exhibiting Company - Booth #_____

I plan to attend:

❑ Trade Show Lunch ❑ Thursday Dinner

HOTEL ACCOMMODATIONS

Reservations will be made ONLY for those pre-registering for the Conference. Rooms are reserved on a first-come, first-served basis.

Hotel	1 Bed	2 Beds
Crowne Plaza	❑ $135	❑ $145
Holiday Inn Express	❑ $94	❑ $104

Hotel and state tax as of October 2009 is 17% & is not included in rates.

To guarantee your Hotel reservation, the first night's deposit is required.

❑ Visa ❑ MasterCard ❑ American Express ❑ Diner's Club
❑ Discover ❑ Check made out to 'Crowne Plaza' or 'Holiday Inn Express'

Credit Card Number

Exp. Date

Arrival/Departure information

Arrival Date M M / D D — Check-in 4pm

Departure Date M M / D D — Check-out 12 noon

Sharing Room With: _____

Special Request: (i.e., Accessible, etc...) We will do our best to accommodate you. _____

Reservations must be made by **October 19, 2010**, to assure room availability. **Until, October 19, 2010** you must cancel or change reservation by calling 317-713-1551. **After October 19, 2010**, make changes directly with the hotel. **Deposit is refundable only if reservation is cancelled 72 hours prior to arrival.**