

BOMA International
Registration Form for TOBY® Awards Program & Banquet
June 25, 2019 • Salt Palace Convention Center, Salt Lake City, UT

Tickets may only be purchased by registered Full Conference attendees or the owner/management team of nominated buildings. If you are not part of the management team or owner of the nominated building, you must register for the conference in order to purchase tickets to this event. To register for the conference, please visit www.bomaconference.org to view all registration options.

Please scan/email: ksaluja@boma.org or fax: (202) 326-6377 the completed registration form to **Kanwal Saluja, Registration & Meeting Services Manager**. For check payment, mail check and registration form to: BOMA International, c/o Kanwal Saluja, 1101 15th Street NW, Suite 800, Washington DC 20005 (check payment must be received by June 7, 2019). For additional info, please call 202-326-6341.

Instructions:

- 1) Please print all information.
- 2) Payment must accompany all registrations and be in U.S. dollars. Payment may be made by American Express, VISA, MasterCard or made by check payable to BOMA International.
- 3) All cancellations and substitutions subject to \$75 processing fee before June 7, 2019.
- 4) No refunds for TOBY Awards Tickets after June 7, 2019 and/or for "No Shows".

Name: _____
(First) (Middle Initial) (Last)

Title: _____ **Professional Designation:** _____

Company: _____

Address: _____

City: _____ **State/Province:** _____

Zip/Mail Code: _____ **Country:** _____

Phone: (____) _____ **Fax:** (____) _____

Email: _____

Name & Location of Nominated Building (nominees only) _____

TOBY Awards Reception & Banquet

- Individual Tickets (Before June 7) Qty _____ @ \$155 _____
- Individual Tickets (After June 7) Qty _____ @ \$175 _____

Please note a table seats 10 people.

For more information on the 2019 BOMA Int'l Conference & Expo please visit www.bomaconvention.org.

Total Fees (must be in US dollars) \$ _____

Payment Information

___ AMEX ___ MasterCard ___ VISA ___ Check

Card # _____ **Exp. Date** _____

Name on Card (print) _____

Signature _____

Billing Address _____

City: _____ **State/Province:** _____

Zip/Mail Code _____ **Country:** _____

Your signature authorizes your credit card to be charged for the total payment due. BOMA International reserves the right to charge the correct amount if different from the Total Registration Fees.