

Conference Registration Form

(Please Complete All Pages of This Form)

To Register Online Please Go To bomaconference.org

Instructions:

1. Use a separate registration form for **each** attendee registration
2. Payment must accompany all registrations and must be in U.S. dollars. May be made by check, payable to BOMA international, or by American Express, VISA, or MasterCard
3. No refunds on registration cancellations made after June 5, 2026.
4. No refunds for TOBY Awards Program Tickets After June 5, 2026.
5. All cancellations are subject to \$100 processing fee. Substitutions are accepted in lieu of cancellations.

For Multi-Team Cancellation policy, please visit our website: bomaconference.org

Please send completed form and payment to: **BOMA International Conference, 1101 15th St NW, Suite 800, Washington, DC 20005** or if you are paying via credit card you can email to boma@csreg.zohodesk.com (*must include credit card*)

- To avoid duplicate charges, please either mail or email your registration – DO NOT DO BOTH.

For additional information, contact conference registration at 224-563-3138 or BOMA@csreg.zohodesk.com

Step 1 – Attendee Information

First Name	MI	Last Name	Nickname for Badge
------------	----	-----------	--------------------

Professional Designations	Title
---------------------------	-------

Company

Address

City	State/Province	Zip/Postal Code
------	----------------	-----------------

Phone (REQUIRED)	Email Address (REQUIRED)
---------------------------	-----------------------------------

Please select all that apply:

- Indicate if you have any dietary restriction (kosher, vegetarian, celiac, etc.) _____
- If you are disabled or require special services in order to participate in the conference:

Conference Registration Form

(Please Complete All Pages of This Form)

Step 2 – Conference Registration

Optional events in step 4 are NOT included in any conference registration package and must be purchased separately. Please circle Member or Nonmember for the registration fee.

Check the box next to your selection	Early Bird (Until January 31st)	Advance (Feb 1-Mar 15)	Standard (Mar 16-Jun 1)	Onsite (After Jun 2 and onsite)	Total \$
<input type="checkbox"/> Full Conference Registration – Member/Nonmember	\$925 / \$1,125	\$1,025 / \$1,225	\$1,125 / \$1,325	\$1,225 / \$1,425	\$ _____
<input type="checkbox"/> Life Member	\$255	\$255	\$255	\$255	\$ _____
<input type="checkbox"/> *Young Professional – Full Conference Registration	\$625	\$725	\$825	\$925	\$ _____

***To qualify as a Young Professional, you must be under the age of 35 and have less than 5 years' experience in the industry**

Multi-Team Savings – savings on Full Conference Registration Only.

If you are registering for a team discount (people from the same company at the same physical address); please check off the box next to the applicable discount for your team. Please Note: each individual registrant must complete a registration form and **all forms must be submitted at the same time** to qualify as a team. The full payment must also be submitted with all the forms.

Note: Discount applies to Full Conference registration fees and does not include TOBY tickets, optional event tickets, or Family/Friend registration.

Check the box next to your selection	Early Bird (Until January 31st)	Advance (Feb 1-Mar 15)	Standard (Mar 16-Jun 1)	Onsite (After Jun 2 and onsite)	Total \$
<input type="checkbox"/> Groups of Three: One person gets \$100 off	\$825	\$925	\$1,025	\$1,125	\$ _____
<input type="checkbox"/> Groups of 5: the 5 th person is free, or each person gets 20% if needing to pay by separate credit cards	\$740	\$820	\$900	\$980	\$ _____
<input type="checkbox"/> Groups of 10: Each person gets 20% off	\$740	\$820	\$900	\$980	\$ _____

Step 3 – Family/Friends Registration

Family/Friend must not be employed by or a provider of products and services to the commercial real estate industry. **If you are not registering a spouse, guest or child, please proceed to step 4.**

Family/Friend First Name MI Last Name Nickname for Badge

Family/Friend First Name MI Last Name Nickname for Badge

Check the box next to your selection.

Family/Friend Base Registration Qty _____ at \$195 each Total \$ _____

Conference Registration Form

(Please Complete All Pages of This Form)

Step 4 – Optional Conference Events

Events listed below are NOT included in any conference registration package.

Check the box next to your selection

			Total \$
<input type="checkbox"/> Women's Breakfast Ticket	Qty _____	At \$80 each	\$ _____
<input type="checkbox"/> TOBY Awards Ticket	Qty _____	At \$160 each	\$ _____
<input type="checkbox"/> TOBY Awards Ticket Late and Onsite (After Jun 7 and Onsite)	Qty _____	At \$180 each	\$ _____
<input type="checkbox"/> TOBY Awards Table	Qty _____	At \$1,600 each	\$ _____
<input type="checkbox"/> TOBY Awards Table Late and Onsite (After Jun 7 and Onsite)	Qty _____	At \$1,800 each	\$ _____

Step 5 – Additional Tickets for Included Conference Events

Events listed below are included in Full Conference and Family/Friend Registration. Extra tickets may be purchased for your booth personnel or non-registered guests.

Check the box next to your selection

			Total \$
<input type="checkbox"/> Welcome Party Ticket	Qty _____	At \$150 each	\$ _____
<input type="checkbox"/> Expo Lunch Ticket	Qty _____	At \$65 each	\$ _____

Total for Steps 4 & 5..... \$ _____

Step 6 – Demographic Information

In addition to the information provided in step 1, please complete the following demographic information. This data helps us to better plan and meet the needs of our conference attendees.

- A) Are you a first time attendee?** Yes No
- B) Please indicate your gender.** Male Female Other _____
- C) Member Affiliation (check all that apply).**
- | | | | | |
|---------------------------------|-------------------------------|--------------------------------|--|---------------------------------------|
| <input type="checkbox"/> BOMA | <input type="checkbox"/> ICSC | <input type="checkbox"/> CCIM | <input type="checkbox"/> Appraisal Institute | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CREW | <input type="checkbox"/> SIOR | <input type="checkbox"/> IREM | <input type="checkbox"/> CoreNet | |
| <input type="checkbox"/> NAREIT | <input type="checkbox"/> IFMA | <input type="checkbox"/> USGBC | <input type="checkbox"/> NAIOP | |
- D) Primary Job Function (check one).**
- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Property Manager | <input type="checkbox"/> Facility Management | <input type="checkbox"/> Asset/Portfolio management | <input type="checkbox"/> BAE/Local BOMA Staff |
| <input type="checkbox"/> Building Owner/Investor | <input type="checkbox"/> Building Engineer/Maintenance | <input type="checkbox"/> Business Development/Sales | <input type="checkbox"/> Building Service Provider |
| <input type="checkbox"/> Brokerage Leasing | <input type="checkbox"/> Consultant/Professional Service | <input type="checkbox"/> Developer | <input type="checkbox"/> Architecture/Design |
| | | | <input type="checkbox"/> Other, please specify: _____ |
- E) What year did you start working in commercial real estate?** _____
- F) How many buildings do you represent?** 1 2-5 6-10 11-20 21-50 51 or more N/A
- G) How much square feet do you manage? (check one)**
- | | | |
|--|--|--|
| <input type="checkbox"/> Less than 100,000 | <input type="checkbox"/> 300,000-599,999 | <input type="checkbox"/> 1 million – 1.999 million |
| <input type="checkbox"/> 100,000-299,999 | <input type="checkbox"/> 600,000-999,999 | <input type="checkbox"/> 2 million or more |

Conference Registration Form

(Please Complete All Pages of This Form)

H) What type of properties do you represent? (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> High-rise Commercial Office | <input type="checkbox"/> Corporate Facilities | <input type="checkbox"/> Government Buildings |
| <input type="checkbox"/> Medical Office Buildings/Hospitals | <input type="checkbox"/> Industrial | <input type="checkbox"/> Low-rise commercial office |
| <input type="checkbox"/> Suburban Buildings/Office Parks | <input type="checkbox"/> Mixed-Use Properties | <input type="checkbox"/> Schools, Colleges, Universities |
| | <input type="checkbox"/> Warehouses | <input type="checkbox"/> Other, please specify: _____ |

I) How much do you spend annually on building products & services? (check one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than \$100,000 | <input type="checkbox"/> \$500,000-\$999,999 | <input type="checkbox"/> 5 million – 9.999 million |
| <input type="checkbox"/> \$100,000-\$499,999 | <input type="checkbox"/> 1 million – 4.999 million | <input type="checkbox"/> 10 million or more |

J) What products/services are you interested in learning more about at the Expo? (check all that apply)

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Building Services | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Electrical | <input type="checkbox"/> Roads/Grounds |
| <input type="checkbox"/> Green Products/ Services | <input type="checkbox"/> Interior | <input type="checkbox"/> Security | <input type="checkbox"/> Management Services |
| <input type="checkbox"/> New Technology | <input type="checkbox"/> Restoration | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Exterior/Structural |
| <input type="checkbox"/> Building Automation & Controls | <input type="checkbox"/> Design | <input type="checkbox"/> Life/Fire Safety | <input type="checkbox"/> Waste Management |
| | | | <input type="checkbox"/> Other, please specify: _____ |

K) Are you likely to buy any product or service exhibited at the Expo within 6 months of the show?

- Yes No Unsure

L) Who pays for your conference attendance? (check one)

- Company/Firm Building Owner/Building Expensed Local BOMA Myself Other: _____

M) How did you hear about the conference?

- | | | | |
|--|------------------------------------|---|---|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Email | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> I attended last year |
| <input type="checkbox"/> BOMA Local Association | <input type="checkbox"/> My Boss | <input type="checkbox"/> Advertisement | <input type="checkbox"/> I attend every year |
| <input type="checkbox"/> Google or another Search Engine | <input type="checkbox"/> Colleague | <input type="checkbox"/> BOMA Int'l Website | <input type="checkbox"/> Other, please specify: _____ |

Step 7 – Payment Information

Grand Total All Fees (please add totals from steps 2, 3, 4 and 5)

\$ _____

- Enclosed is my check payable to BOMA International in US dollars drawn on a US Bank. Checks will be processed electronically. If you do not want your check to be processed electronically, please use the credit card option below.
- Please charge my credit card: (check one)
- AMERICAN EXPRESS VISA MasterCard

Credit Card #

Security Code

Exp. Date

Name on Credit Card (Print)

Signature – 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 listed.