



November 5 – 7, 2008

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. **Do not mail duplicate form if faxed. Questions** Call 317-713-1551

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|-----------|--|-----|--|--|--|--|--|--|--|
| FIRST NAME (WILL BE USED FOR YOUR BADGE) | | | | | | | | | | LAST NAME | | | | | | | | | |
| TITLE | | | | | | | | | | | | | | | | | | | |
| COMPANY | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | | | | | |
| CITY | | | | | | | | | | STATE | | ZIP | | | | | | | |
| PHONE | | | | | | | | | | EMAIL | | | | | | | | | |

ATTENDEE REGISTRATION FEES (check the fee paid)

| | Early Bird On/Before 8/29/08 | Pre-Show On/Before 10/9/08 | On-Site On/After 10/10/08 |
|---------------------|--|--|---|
| Full Registration | <input type="checkbox"/> \$350 | <input type="checkbox"/> \$360 | <input type="checkbox"/> \$370 |
| One Day Wednesday | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$260 | <input type="checkbox"/> \$270 |
| One Day Thursday | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$260 | <input type="checkbox"/> \$270 |
| One Day Friday | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$260 | <input type="checkbox"/> \$270 |
| Spouse Registration | <input type="checkbox"/> \$75 | <input type="checkbox"/> \$75 | <input type="checkbox"/> \$75 |

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 # _____

EXHIBITOR REGISTRATION FEES

- Exhibitor Trade Show Floor Pass
2 per 8'x10' or 10'x10' booth n/c
- Exhibitor Additional Trade Show Floor Pass \$50
- Exhibitor Full Registration \$160

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 | | | | Security Code* | | | | | | | | | | | |

*A three-digit number printed on the signature panel on the back of your card immediately following the last four digits of your account number.

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 | | | | | | | | | | | |

HOTEL ACCOMMODATIONS AT THE WESTIN

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

| SINGLE | DOUBLE | DBL/DBL | TRIPLE | QUAD |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 person / 1 bed | 2 ppl / 1 bed | 2 ppl / 2 beds | 3 ppl / 2 beds | 4 ppl / 2 beds |
| <input type="checkbox"/> \$132 | <input type="checkbox"/> \$132 | <input type="checkbox"/> \$132 | <input type="checkbox"/> \$132 | <input type="checkbox"/> \$132 |

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

- Visa MasterCard American Express Diner's Club
- Discover Check made out to "Westin Hotel"

| | | | | | | | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Credit Card Number | | | | | | | | | | | | | | | |
| Exp. Date | | | | | | | | | | | | | | | |

* The Westin hotel is a smoke free hotel. Hotel and state tax is currently 16% & is not included in rates.

Arrival/Departure information

| | | | |
|--------------|---------------------------|-------------------|---------------------------|
| Arrival Date | 11 / <input type="text"/> | Departure Date | 11 / <input type="text"/> |
| Check-in 3pm | MM/DD | Check-out 12 noon | MM/DD |

Sharing Room With: _____

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

Reservations must be **made by October 27, 2008**, to assure room availability. **Until, October 27, 2008** you must cancel or change reservation by calling 317-713-1551. **After October 27, 2008**, make changes directly with the hotel. **Deposit is refundable only if reservation is cancelled 72 hours prior to arrival.**