CHICAGO COMMITTEE ON HIGH RISE BUILDINGS

MAIL-IN REGISTRATION FORM

The Rise of the Urban Hospital:
High Rise Healthcare Facilities for the 21st Century

April 26, 2016
1:00 pm CDT
HARRIS BANK AUDITORIUM
HARRIS BANK BUILDING
3RD FLOOR
115 SOUTH LASALLE
CHICAGO, ILLINOIS

NAME: _____

FIRM:_____

ADDRESS:_____

CITY:_____ STATE:_____

PHONE:_____ EMAIL ADDRESS:_____

Registration Type (check one):

___ REGISTRATION CCHRB OR CO-SPONSOR MEMBER $150.00
___ REGISTRATION NON-MEMBER $175.00
___ REGISTRATION LARGE FIRM DISCOUNT (5 individuals for price of 4) – Please attach list of attendees, firm name and e-mail addresses and identify primary contact person, if any

If a member of Co-Sponsor organization, please note here:

Profession:

___ Architect ___ Structural Engineer ___ Contractor ___ Government
___ Student ___ Academic ___ Other Describe: _____

Make checks payable to: CCHRB

MAIL IN ADDRESS:

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Chicago IL 60601

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Proceeds of this seminar go towards the CCHRB Scholarship Fund