

49th Michigan Health Facilities Planning Seminar - 2016 Project Presentation

Call for Entries

Due Date: Monday, February 8, 2016

The Michigan Health Facilities Planning Seminar Project Presentation Subcommittee is seeking submittals for our **49th Seminar** scheduled for Thursday & Friday, **March 10th & 11th, 2016 at the Grand Traverse Resort in Traverse City, Michigan.**

Because the presentation of projects continues to be a resounding success, we are again offering this opportunity to highlight the leading edge of design work being done by Michigan Architects. As always, your participation is needed to make this feature a continued success.

We request that the review submittal be in electronic PDF format.

The final approved project presentation will be included in electronic format on the seminar website for viewing. You will also be allowed to display a panel of the approved project page at the seminar.

All panels must be made from half (½) inch thick foam board (Gatorboard), 24" x 24" in size.

It will be your responsibility to transport the panels to the seminar location.

Easels will be provided for the display of the panels.

The Criteria for Submittal Is:

- A **\$200.00 submission fee**, payable by check, money order or credit card, is required for each PDF formatted, project file submitted for approval. **If submitted after the Due Date, an added \$100.00 late submission fee will be required for each project page.**
- The submitting Architect/Architectural Firm **must be** licensed to do work in Michigan.
- The Project must have been completed or occupied no earlier than January 2011.
- If under construction, the project must be scheduled for occupancy by December 2016.
- **Each of these project files is to be geared to the presentation of ONE, INDIVIDUAL, health care project.** It is **NOT** the committee's intent or desire that these be general advertisements for each firm.
- Multiple listings of projects in one submittal **will not be accepted.**
- A maximum of **three** projects per Architect/Architectural Firm will be permitted.
- The orientation of the page must be in landscape format.
- Color or black and white graphics is at your option.
- The project file must include the project information noted as "required" on the submittal form.
- **Please limit the size of the PDF file to 5MB.**

Please Send Your Entry Form and Payment To:

Evelyn Dougherty
AIA Michigan
4219 Woodward Avenue, Suite 205
Detroit, Michigan 48201

email: evelyn@aiami.com

Telephone: 313-965-4100
Fax: 313-965-1501

Clearly mark your submittal: **49TH Health Facilities Planning Seminar - 2016,
Project Presentation Submittal**

Please Send Your Entry Form and the PDF File and/or direct any questions to:

Julia F. Herschelman AIA
Telephone: (248)551-3632
Fax Number: (248)551-3624
E-mail: Julia.herschelman@beaumont.org

**49th Michigan Health Facilities Planning Seminar - 2016
Project Presentation**

Submittal Form

Due Date: Monday, February 8, 2016

- **Please complete one submittal form for each project submitted.**
- **By Monday, February 8, 2016, please submit your submittal form & fee to Evelyn Dougherty (evelyn@aiami.com) at the AIA Michigan Offices and e-mail your submittal form & project PDF file to julia.herschelman@beaumont.org for review.**
- **By Wednesday, February 17, 2016, you will be contacted if any revisions or enhancements are required for your submissions.**
- **By no later than Monday, February 29, 2016, receipt of the approved electronic file will be required to evelyn@aiami.com and julia.herschelman@beaumont.org.**

Architect/Architectural Firm

Name: _____

Address: _____

_____ **Michigan License #:** _____

Contact Person: _____

Contact Telephone: _____ / _____ **Contact FAX:** _____ / _____

Contact E-Mail: _____

The following project information MUST BE PROVIDED ON THE SUBMITTED PRESENTATION FILE for inclusion on the seminar website.

Architect/Architectural Firm

Name: _____

Consultants (if used): _____

Project Name and Location: _____

Construction Company: _____

Project Facility Type: _____ Hospital
_____ Ambulatory Care / Medical Office Building
_____ Continuing / Long Term Care / Assisted Living
_____ Other

Project Information: Square Feet: _____ Number of Beds or Visits: _____

Date Occupied: _____ Number of Floors: _____

Construction Cost per Square Feet: _____
(Please exclude furniture & equipment costs)

Make the check or money order payable to the **AIA - Michigan**.

If paying by Credit Card:

Print Name as it appears on the card: _____

MasterCard ___ Visa ___ Discover ___

Account Number _____ - _____ - _____ - _____ SC _____

Signature _____ Exp. Date: _____

Month ___ Year ___