

# 50th Michigan Health Facilities Planning Seminar - 2017 Project Presentation

## Call for Entries

**Due Date: Wednesday, February 15, 2017**

The Michigan Health Facilities Planning Seminar Project Presentation Subcommittee is seeking submittals for our **50th Seminar** scheduled for Thursday & Friday, **March 30th & 31st, 2017 at the Amway Grand Hotel in Grand Rapids, 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 2012.
- If under construction, the project must be scheduled for occupancy by December 2017.
- **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 of Michigan  
Michigan Architectural Foundation  
4219 Woodward Avenue, Suite 205  
Detroit, Michigan 48201

email: [evelyn@aiami.com](mailto:evelyn@aiami.com)

Telephone: 313-965-4100

Fax: 313-965-1501

Clearly mark your submittal: **50<sup>TH</sup> Health Facilities Planning Seminar - 2017,  
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](mailto:julia.herschelman@beaumont.org)

# 50th Michigan Health Facilities Planning Seminar - 2017 Project Presentation

## Submittal Form

Due Date: Wednesday, February 15, 2017

- **Please complete one submittal form for each project submitted.**
- By Wednesday, February 15, 2017, please submit your submittal form & fee to Evelyn Dougherty ([evelyn@aiami.com](mailto:evelyn@aiami.com)) at the AIA Michigan Offices and e-mail your submittal form & project PDF file to [julia.herschelman@beaumont.org](mailto:julia.herschelman@beaumont.org) for review.
- By Monday, February 27, 2017, you will be contacted if any revisions or enhancements are required for your submissions.
- By no later than Wednesday, March 8, 2017, receipt of the approved electronic file will be required to [evelyn@aiami.com](mailto:evelyn@aiami.com) and [julia.herschelman@beaumont.org](mailto: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 Foot: \_\_\_\_\_

(Please exclude furniture & equipment costs)

**50th Michigan Health Facilities Planning Seminar - 2017  
Project Presentation**

**Payment:**

**Architect / Architectural Firm:** \_\_\_\_\_

**Number of Submittals:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Total Submission Fee:** \_\_\_\_\_  
(# of submittals X \$200 (+ \$100 ea. if after 2/15/17) = Total Submission Fee)

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

**If paying by Credit Card:**

MasterCard \_\_ Visa \_\_ Discover \_\_

Print Name as it appears on the card: \_\_\_\_\_

Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SC \_\_\_\_\_

Exp. Date: Month \_\_\_\_ Year \_\_\_\_

Signature \_\_\_\_\_