

56th Michigan Health Facilities Planning Seminar - 2024 Project Presentation

Call for Entries

Due Date: Wednesday, February 9th, 2024

The Michigan Health Facilities Planning Seminar Project Presentation Subcommittee is seeking submittals for our **56th Seminar** scheduled for Thursday & Friday, **April 11-12, 2024 at the Grand Traverse Resort near Traverse City, MI.**

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. Easels will be provided for the display of the panels. **It will be your responsibility to transport the panels to the seminar location.**

The Criteria for Submittal Is:

- A **\$500.00 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 2019.
- If under construction, the project must be scheduled for occupancy by December 2024.
- **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, Payment and PDF File** To:

Elizabeth Mosley
AIA Michigan
37637 Five Mile Road, #269
Livonia, Michigan 48154

email: **elizabeth@aiami.com**

Telephone: 313-965-4100

Clearly mark your submittal:

**56th Health Facilities Planning Seminar - 2024,
Project Presentation Submittal**

56th Michigan Health Facilities Planning Seminar - 2024 Project Presentation

Submittal Form

Due Date: Friday, February 9th, 2024

- **Please complete one submittal form for each project submitted.**
- By Friday, February 9th, 2024, please submit your submittal form, fee and PDF to Elizabeth at elizabeth@aiami.com at the AIA Michigan Offices for review.
- By Friday, February 23rd, 2024, you will be contacted if any revisions or enhancements are required for your submissions.
- By **no later than** Wednesday, March 13th, 2024, receipt of the approved electronic file will be required to elizabeth@aiami.com

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)

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Payment:

Architect / Architectural Firm: _____

Number of Submittals: _____

Date Submitted: _____

Total Submission Fee: _____

(# of submittals X \$500 (+ \$100 ea. if after 2/9/24) = 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 _____