

47th Michigan Health Facilities Planning Seminar - 2014 Project Presentation

Call for Entries

Due Date: Wednesday, February 5, 2014

The Michigan Health Facilities Planning Seminar Project Presentation Subcommittee is seeking submittals for our **47th Seminar** scheduled for Thursday & Friday, **March 20th & 21st, 2014 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.

This year we are again requesting that the review submittal be in **electronic PDF format.**

What is new this year is that 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.

There will no longer be the need to submit 400 printed copies as required in the past, saving printing costs and minimizing environmental impact.

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 2009.
- If under construction, the project must be scheduled for occupancy by December 2014.
- We wish to stress that **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

email: evelyn@aiami.com

AIA - Michigan

553 E. Jefferson

Detroit, Michigan 48226

Telephone: 313-965-4100

Fax: 313-965-1501

Clearly mark your submittal:

**47TH Health Facilities Planning Seminar - 2014,
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: jhschelman@beaumont.edu

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Submittal Form

Due Date: Wednesday, February 5, 2014

- **Please complete one submittal form for each project submitted.**
- By Wednesday, February 5, 2014, 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 jherschelman@beaumont.edu for review.
- By Friday, February 14, 2014, you will be contacted if any revisions or enhancements are required for your submissions.
- By **no later than** Wednesday, February 28, 2014, receipt of the approved electronic file will be required **at the AIA - Michigan Offices.**

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 _____