



SAVE THE DATE!

AUGUST 4, 2016

STAMFORD HOSPITAL TOUR

1 Hospital Plaza, Stamford, CT

Registration: 3:45pm-4:15pm

Tour: 4:15pm-5:15pm

Name: _____

Company: _____

Email: _____ Phone: _____

_____ Member: \$25 _____ Non-Member: \$45

I will be bringing with me:

Name: _____

Company: _____

Email: _____ Phone: _____

_____ Member: \$25 _____ Non-Member: \$45

Payment:

Credit card # _____ exp: _____

Amount: \$ _____

Signature: _____

Check # _____ Amount: \$ _____

Register online at: www.naiop-ctny.org

Scan to: smoran@ssmgt.com; Mail to: NAIOP CT/NY, PO Box 30, Bloomfield, CT 06002