54th Michigan Health Facilities Planning Seminar - 2022
Project Presentation

Call for Entries
Due Date: Wednesday, March 2nd, 2022

The Michigan Health Facilities Planning Seminar Project Presentation Subcommittee is seeking submittals for our **54th Seminar** scheduled for Thursday & Friday, **April 7th & 8th, 2022 at the Grand Traverse Resort, 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. 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 2017.
- If under construction, the project must be scheduled for occupancy by December 2022.
- **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

Clearly mark your submittal: **54th Health Facilities Planning Seminar - 2022, Project Presentation Submittal**

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

Julia F. Herschelman AIA
Telephone: (947)522-1420
E-mail: **julia.herschelman@beaumont.org**

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Submittal Form
Due Date: Wednesday, March 2nd, 2022

- **Please complete one submittal form for each project submitted.**
- **By Wednesday, March 2nd, 2022, 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 Friday, March 18th, 2022, you will be contacted if any revisions or enhancements are required for your submissions.**
- **By no later than Wednesday, March 30th, 2022, 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 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 2/7/20) = 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_____