



Design-Build Conference & Expo

Nov. 1–3, 2023
Gaylord National Resort & Convention Center | National Harbor, MD



Substitution Registration

Please fill out the following information below of the pre-registrant you are replacing.

* required

| | | | |
|----------------------|----------------------|----------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First Name* | Last Name* | Suffix | Name on Badge |
| <input type="text"/> | | <input type="text"/> | |
| Street Address | | City/State/ZIP/Country | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Cell Phone* | Email | Accessibility Requirements | |

Replacing a registrant who was registered as: *(Select all that apply)*

| Conference Registration | Exhibitor/Sponsor Registration | Optional Activities <i>Additional Fees Required</i> |
|---|--|---|
| <input type="checkbox"/> Academia | <input type="checkbox"/> Complimentary Full Conference | <input type="checkbox"/> Introduction to P3s for Design-Builder |
| <input type="checkbox"/> Gov't Agency/Private Owner | <input type="checkbox"/> Additional Full Conference | <input type="checkbox"/> VDC Leadership Exchange |
| <input type="checkbox"/> Practitioner | <input type="checkbox"/> Complimentary Booth Personnel | <input type="checkbox"/> Opening Party TopGolf |
| <input type="checkbox"/> MWDBE | <input type="checkbox"/> Additional Booth Personnel | <input type="checkbox"/> Awards Dinner |
| <input type="checkbox"/> Student | | |
| <input type="checkbox"/> Expo Hall Only | | |

Name & Registration *(Please print or type. The requested information will be used to make badges & registration lists.)* * required

| | | | | |
|-------------------------|----------------------|---|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First Name* | MI | Last Name* | Suffix | Professional Credentials (DBIA, AIA, PE, LEED AP, etc.) |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> |
| Name on Badge | | Title* | | Company/Agency/University* |
| <input type="text"/> | | | | |
| Street Address* | | | | |
| <input type="text"/> | | | | |
| City/State/ZIP/Country* | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Phone* | Email* | Alternate Email (optional, but preferred) | | |

Please let us know of any special dietary needs:

Vegetarian
 Kosher
 Vegan
 Gluten-Free
 Dairy Free
 Other:

Accessibility Requirements:

Is this your first time attending the Design-Build Conference & Expo? **REQUIRED**

Yes No

Are you a member of DBIA? Membership will be verified. **REQUIRED**

Yes No

Are you a "Young Professional" (35 years of age or younger)? **REQUIRED**

Yes* No

**If yes, birth date is required:*

Privacy Laws*

Our conference platform includes a robust networking function, which allows all registered participants to find and connect with each other through the platform. Basic information that you share during registration will be used to create your profile and access on the platform. DBIA complies with applicable privacy laws in collecting and processing your data.

By engaging with exhibitors and sponsor content, registrants are consenting to exhibiting and sponsoring companies having access to the personal data that is public in their profile. You may also be contacted through the platform only, by other registrants including attendees and speakers looking to connect with you. The networking function is the mechanism by which you can interact with others in the platform. Please indicate below your participation in the networking aspect of the Design-Build Conference & Expo.

I agree to participate in networking

No I do not want to participate in networking

***SELECTING ONE OPTION ABOVE IS REQUIRED**

Method of Payment

Check made payable to the "Design-Build Institute of America"

Upon receipt of this form, charge my (please check only one) American Express MasterCard Visa

Name (as it appears on card)

Card #

Exp. Date V-Code

Signature of Cardholder

**Please email this registration form, including payment, to conferences@dbia.org
or mail to 1001 Pennsylvania Avenue, NW, Suite 410, Washington, DC 20004**

This form is not valid for on-site registration or exhibitors.