Wednesday - November 14, 2018

1:30 PM - 5:30 PM  Board of Directors Meeting
2:00 PM - 5:00 PM  Conference Registration - (Lobby-Bentley Hotel)
5:30 PM - 7:30 PM  Welcome Reception
7:30 PM - 9:00 PM  Advisory Board / Speaker’s Dinner

Thursday - November 15, 2018

Rockefeller University—1230 York Avenue, New York, NY

TRADE SHOW - 8:00 AM to 5:00 PM

8:00 AM - 9:00 AM  Breakfast - (Welch Hall)
9:00 AM - 10:00 AM Welcome Remarks/Year in Review – E. Adkins, D. Sutton
10:00 AM - 11:00 AM Keynote - Jay Bargmann, Rafael Viñoly Architects
    – Fabio Biffi, Valentino Inama (Bicasa) (Welch Hall)
11:00 AM - 12:00 PM Rockefeller University Tour—River Campus
12:30 PM - 2:00 PM  Lunch - (Welch Hall)
2:00 PM - 3:00 PM  Fume Hood - R. DeLuca, J. Arguedas - (Welch Hall)
2:00 PM - 3:00 PM  Lab Seating Committee—R Featherston, E Metzger (Adler)
3:00 PM - 4:00 PM  Laminar Flow - P. Daniele, B. Haugen (Welch Hall)
3:00 PM - 4:00 PM  Fixtures - M. Straughn, D. Withee - (Adler)
4:00 PM - 5:00 PM  Casework—Fixed - N. Hawley, D. Coons, A. Penker; J. Broman,
    K. Kovash, H. Kreigel, K Dixon, F. Conner, B. Kelly, W. Casthey - (Welch Hall)
4:00 PM - 5:00 PM  Work Surfaces - V. Ross, H. Von Der Bruegge - (Adler)
6:00 PM - 9:00 PM  30th Anniversary Dinner - Lotte Palace

Friday - November 16, 2018

Rockefeller University—1230 York Avenue, New York, NY

TRADE SHOW - 8:00 AM to 12:00 PM

8:00 AM - 9:00 AM  Breakfast - (Welch Hall)
8:30 AM - 9:30 AM  Annual Meeting - E. Adkins, T. Schwaller - (Welch Hall)
9:30 AM - 10:30 AM SEFA International - I. Sternitzke, E.Stimac - (Welch Hall)
9:30 AM - 10:30 AM Digital Lab (BIM) Committee—M. Kreigel - (Adler)
10:30 AM - 11:30 AM Liquid Chemical Storage - S. Kunkel, G. Rice - (Welch Hall)

*** Meeting Adjourned
Complete and return this form along with registration fee to:
Scientific Equipment & Furniture Association — 65 Hilton Avenue, Garden City, NY 11530

Conference Attendance Fees:
- First Member Attendee: No Charge
- Additional Member Attendee(s): $650.00
- Non-Member Attendee: $825.00

As a SEFA Member in good standing, you have paid the registration fee for one (1) representative for your company to attend this conference. Please provide his or her name below. If you are sending additional attendees, the registration fee is $650 and may be paid by credit card or check made payable to SEFA and must accompany this form.

SEFA MEMBER COMPANY ____________________________________________________________

First Attendee: ___________________________________________ Email: ________________________________

   Name as it will appear on badge

Additional Attendee: ___________________________________________ Email: ________________________________

   Name as it will appear on badge

Additional Attendee: ___________________________________________ Email: ________________________________

   Name as it will appear on badge

Please provide an email address to enable SEFA Staff to notify you of any schedule changes while we are on site.

UPON RETURNING THIS COMPLETED FORM TOGETHER WITH THE REQUIRED PAYMENT, YOU ARE REGISTERED FOR ALL SEFA MEETINGS, MEALS AND FUNCTIONS DETAILED IN THE MEETING AGENDA. THIS FEE DOES NOT INCLUDE YOUR HOTEL ACCOMMODATIONS OR INCIDENTAL CHARGES.

SEFA HAS A ROOM BLOCK THE BENTLEY HOTEL—Group Rate $249.00
RESERVATION DEADLINE - OCTOBER 8, 2018

The Bentley Hotel—500 East 62nd Street, New York, NY 10065
Online Reservation link: https://book.bentleyhotelnyc.com/booking/en/group-promo/XSEFARO/BEN/Bentley-Hotel
For call in reservations—The toll free number is 1-855.779.0220, Group Name: SEFA

RETURNING THIS REGISTRATION FORM DOES NOT GUARANTEE YOUR HOTEL ROOM

Arrival Day/Time ___________________ Departure ___________________

Notes:  
(1) Sleeping rooms must be secured by credit card. Reservations are subject to a 7 day cancellation policy in the event of cancellation 7 days or less, all nights room and tax will be charged to the individual.
(2) Check in time is 3:00 P.M. Guests arriving early will be accommodated as rooms become available.
(3) Check out time is 12:00 P.M. Please make arrangements with the front desk for late check-out if available.

Method of Payment:  □ Check   □ Visa   □ MasterCard   □ Discover   □ American Express

Credit Card #:_________________________________________________________ Exp Date:_____________ CVV Code _________

Cardholder Name: ______________________________________________________

Credit Card Billing Address: ________________________________________________

Signature:_________________________________________________________________ Amount: $_____________