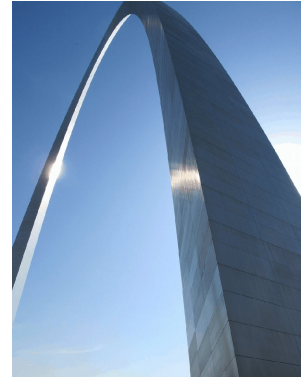




# Promoting Regional Competitiveness -

## Selling St. Louis

- ◆ How does the region attract business to St. Louis? What are our strengths?
- ◆ What are the challenges in competing with other cities / regions / countries?
- ◆ How does the region overcome the challenges?
- ◆ How are efforts coordinated across organizations to promote the region?



### How do we sell St. Louis to attract more Owners and to support Owners already here?

**Presenters:** **James Alexander**, Vice President for Economic Development, St. Louis Regional Chamber

**Tim Nowak**, Executive Director, World Trade Center - St. Louis

**Moderator:** **Monica Connors**, St. Louis Economic Development Partnership

### Thursday, July 23, 2015

- 7:00 am Registration & networking
- 7:30 am Breakfast
- 8:00 am Presentation
- 9:30 am Adjournment

**PDH & LU credit**  
 This program has been designed to permit you to qualify for 1 Professional Development Hour (PDH) for Professional Engineers under Missouri statutes and 1 Learning Unit (LU) through the American Institute of Architects.

### T-Rex Incubator

911 Washington Ave., 5<sup>th</sup> Floor  
 St. Louis, MO 63101

#### \*\*\*\*\* Registration - Please return by July 20, 2015 \*\*\*\*\*

Please make reservations so that we can provide sufficient meals and materials. If you cannot attend, you may send a substitute. Otherwise, please call to cancel. Uncanceled reservations will be invoiced.

Name	Organization	E-mail	SLCCC member \$40.	non member \$60
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Charge to my Credit card:  American Express  Discover  MasterCard  Visa \$ \_\_\_\_\_

Acct No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ Billing zip code \_\_\_\_\_

Name on card (print) \_\_\_\_\_ Signature \_\_\_\_\_

Does any registrant have a disability or special dietary need which needs accommodation?  Yes  No

If yes, what type of accommodation is needed? \_\_\_\_\_

Reservations made by:

Name \_\_\_\_\_ Organization \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Please return to:

**ST. LOUIS COUNCIL OF CONSTRUCTION CONSUMERS**  
 180 Weidman Road, Suite 127  
 Manchester, MO 63021-5724  
 Phone 636-394-6200 FAX 636-394-9641



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