

Register with at least 2 or more people and get 15% off additional registrations in your group with VIP code **GROUP**

VIP Code:

1. CONTACT INFORMATION

Name _____
 Title _____
 Facility _____
 Address _____
 City _____ State/Province _____
 Zip/Postal Code _____ Country _____
 Phone _____ Ext _____
 Fax _____
 Email _____

(Required to confirm registration)

FOUR EASY WAYS TO REGISTER



Mail this completed form to:
Client Services
OR Business Management Conference
PO Box 775986
Chicago, IL 60677-5986



Web:
www.orbusinessmanagementconference.com



Phone: **1-888-707-5814**



Fax this completed form to:
301-309-3847

When faxing or mailing, please photocopy the form for each registrant.

2. REGISTRATION & FEES

Early Bird Rate
Ends May 5

Advanced Rate
May 6 – Sept 9

Regular Rate
After Sept 9

<input type="checkbox"/> All Access	\$999	\$1,099	\$1,299
<input type="checkbox"/> Virtual Only	\$699	\$899	\$1,099

3. ADD-ON ITEM

- ☐ **12-month OR Manager digital subscription** — \$189
☐ **Catamaran Cruise** | September 28 — \$85
☐ **Catamaran Cruise Guest Ticket** | September 28 — \$85

4. PAYMENT INFORMATION

☐ Check Enclosed ☐ **PO/Bill Me**

☐ Credit Card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Access Intelligence Federal Tax ID#: 52-2270063

Card Number _____

Signature _____

Expiration Date _____ CVC # _____

Name as Shown on Card _____

Cancellations: If OR Business Management Conference needs to reschedule the event, we will simply roll over your registration to the new event dates. Access Intelligence is not responsible for covering airfare and other travel costs incurred by the clients. If you need to cancel your registration, your registration fee can be credited toward another future OR Manager event if notified by August 2, 2021. No refund will be given. Substitutions are allowed and must be made in writing. Non-payment or non-attendance does not constitute cancellation.

VIP Code Policy: VIP codes cannot be combined with additional discounts. VIP codes are not applicable on previously invoiced registrations.

Attendance Policy: Attendance as a general attendee at this event is reserved for surgical services managers, directors, business and operations managers, supply chain managers, registered nurses, financial analysts, and all other perioperative leaders for continuing education purposes. Vendors, service providers, and manufacturers are encouraged to register as a sponsor or exhibitor, which includes access to the sessions and networking events. If you are identified as a potential sponsoring/exhibiting company, you will be contacted by a member of our team regarding sponsorship and exhibiting opportunities.

Age Policy: No one under the age of 18 is permitted to register, attend, or be in the exhibit hall and/or workshops and conference sessions including Keynotes and receptions, at any time under any circumstance during the OR Manager Conference. There are no exceptions.

REGISTRATION TERMS AND CONDITIONS

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5. CREATE YOUR PROFILE

1. How many years have you attended the OR Business Management Conference?

- ☐ First Time Attendee
 ☐ 2 years
 ☐ 4 years
 ☐ 5 or more years

2. What best describes where you are employed?

- ☐ Academic Hospital
 ☐ IDN
 ☐ Ambulatory Surgery Centers (Free-standing, In-hospital or Office-based)
 ☐ Manufacturer/Vendor
 ☐ PACU
 ☐ Children's Hospital
 ☐ Tertiary Hospital
 ☐ Community Hospital
 ☐ VA Hospital
 ☐ GPO
 ☐ Other _____

3. What types of procedures does your facility focus on?

- ☐ You name it, we do it
 ☐ Orthopedic
 ☐ Cardiac
 ☐ Pediatric
 ☐ Cosmetic
 ☐ Podiatry
 ☐ Ophthalmology
 ☐ Other _____

4. What best represents your professional title?

- ☐ Administrator/Director/Manager/Owner/Exec. Officer
 ☐ Medical Director/Chief Surgeon
 ☐ Anesthesiologist/Nurse Anesthetist
 ☐ OR Manager/Supervisor
 ☐ Business Manager/Director
 ☐ PACU Manager/Director
 ☐ Consultant
 ☐ Purchasing/Procurement
 ☐ Director of Surgical Services/Director of Nursing
 ☐ Recruiter
 ☐ Educator/Staff Development
 ☐ Supply Chain Management
 ☐ Surgical Technologist
 ☐ Other _____

5. Which of these areas fall under your responsibilities? (Check all that apply)

- ☐ Anesthesia Support Personnel
 ☐ Materials Management for OR
 ☐ Cardiac Cath Lab
 ☐ Outpatient/Same-Day Surgery
 ☐ Central Processing
 ☐ Pain Management
 ☐ CRNAs
 ☐ Perfusion Services
 ☐ Emergency Department/Trauma Services
 ☐ Post Anesthesia Care
 ☐ GI/Endoscopy
 ☐ Preadmission Services
 ☐ ICU
 ☐ Preop Unit
 ☐ Inpatient Nursing Unit
 ☐ Sterile Processing
 ☐ Labor and Delivery
 ☐ Other _____

6. What role(s) do you play in purchasing new products and services at your institution? (Please check all that apply)

- ☐ Final decision-making authority on purchases
 ☐ Recommend new products
 ☐ Member of purchasing/evaluation committee
 ☐ Specify suppliers to evaluate products and services
 ☐ Veto Authority

7. What products do you plan to purchase over the next 12 months?

- ☐ Anesthesia
 ☐ OR Tables
 ☐ Asset Tracking/Rfid
 ☐ Orthopedic instruments
 ☐ Billing
 ☐ Patient safety
 ☐ Capital Equipment
 ☐ Scheduling
 ☐ Career/Staffing/Recruitment
 ☐ Positioning
 ☐ Cleaning/Sterilization
 ☐ Smoke Evacuation Systems
 ☐ Education
 ☐ Sterile Processing Equipment
 ☐ Fluid Management Systems
 ☐ Surgical Lights
 ☐ Furniture
 ☐ Surgical Tools
 ☐ Instrumentation
 ☐ Uniforms/Personal protective equipment
 ☐ IT/Software/Hardware
 ☐ Wound care products
 ☐ Laparoscopic instruments
 ☐ Other _____
 ☐ Monitors/Cameras/Video Devices

8. Who is your emergency contact?

Name _____
 Phone _____
 Email _____

9. What would you like to take-away from this conference?

10. Do you have any special needs, requests or food allergies?

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