REGISTRATION FORM

September 26-29, 2021

SHERATON SAN DIEGO HOTEL & MARINA | SAN DIEGO

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com

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		FOU	R EASY WAYS TO REGIST
Name Title Facility			Mail this completed form to: Client Services OR Business Management Conference 9211 Corporate Blvd, 4th Floor Rockville, MD 20850
Address		- 7	Web: www.orbusinessmanagementconference.
City	State/Province		www.orbusinessmanagementconterence.
Zip/Postal Code	Country	- 🖾	Phone: 1-888-707-5814
Phone	Ext		Fax this completed form to:
Fax			301-309-3847
Email		-	When faxing or mailing, please photocopy the form for each registrant.

(Required to confirm registration)

2. REGISTRATION & FEES	Early Bird Rate Now thru May 5	Advanced Rate May 6 - Aug 11, 2021	Regular Rate Aug. 12 - Sept. 15, 2021	Onsite Rate After Sept. 15
Conference Only	\$895	\$995	\$1,095	\$1,195
Pre-Conference Workshop Only	\$495	\$595	\$695	\$795
Pre-Conference Workshop and Conference	\$1,195	\$1,295	\$1,395	\$1,445

3. ADD-ON ITEM

🗅 Catamaran Cruise Se	eptember 28 — \$85
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Catamaran Cruise Guest Ticket | September 28 — \$85

4. PAYMENT INFORMATION

 Check Enclose Credit Card: 		•	□ American Express	Discover		Access Intelligence Federal Tax ID#: 52-2270063
Card Number					Signature	
Expiration Date		CVC #			Name as Shown c	on Card
Cancellations: If OF	R Business	Management Confe	rence needs to reschedule	the event, we wil	simply roll over your	REGISTRATION TERMS AND CONDITIONS

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.

ORBusinessManagementConference.com

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5. CREATE YOUR PROFILE 1. How many years have you attended the OR Business Management Conference? 7. What products do you plan to purchase over the next 12 months? 2 years 4 years Anesthesia OR Tables □ First Time Attendee □ 3 years □ 5 or more years □ Asset Tracking/RFID Orthopedic instruments Billing Patient safety 2. What best describes where you are employed? Capital Equipment Positioning 🗆 IDN □ Career/Staffing/Recruitment □ Scheduling Academic Hospital □ Ambulatory Surgery Centers (Free-Manufacturer/Vendor □ Cleaning/Sterilization Smoke Evacuation Systems □ Sterile Processing Equipment standing, In-hospital or Office-based) D PACU Education Children's Hospital Tertiary Hospital Fluid Management Systems Surgical Lights Furniture Community Hospital VA Hospital Surgical Tools 🗆 GPO Other_ □ Instrumentation Uniforms/Personal protective □ IT/Software/Hardware equipment 3. What types of procedures does your facility focus on? Laparoscopic instruments Wound care products □ You name it, we do it Orthopedic □ Monitors/Cameras/ Other Cardiac Pediatric Video Devices Podiatry □ Cosmetic Ophthalmology Other 8. Who is your emergency contact? 4. What best represents your professional title? Name Administrator/Director/Manager/Owner/ Medical Director/Chief Surgeon Phone _____ Exec. Officer OR Manager/Supervisor Email Anesthesiologist/Nurse Anesthetist □ PACU Manager/Director Purchasing/Procurement Business Manager/Director 9. What would you like to take-away from this conference? □ Consultant Recruiter Director of Surgical Services/ Supply Chain Management Director of Nursing Surgical Technologist Educator/Staff Development Other_ 5. Which of these areas fall under your responsibilities? (Check all that apply) Anesthesia Support Personnel Materials Management for OR Outpatient/Same-Day Surgery Cardiac Cath Lab Central Processing Pain Management CRNAs Perfusion Services 10. Do you have any special needs, requests or food allergies? Emergency Department/Trauma Services Departme GI/Endoscopy Preadmission Services Preop Unit Inpatient Nursing Unit Sterile Processing □ Labor and Delivery Other_

□ Final decision-making authority on purchases Specify suppliers to evaluate

Member of purchasing/ evaluation committee

- Recommend new products
- products and services
- Veto Authority

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