

Register with at least 2 or more people and get 10% 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:
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 Dec 8 2021)

Regular Rate (Starts Dec 9, 2021)

All-Access Pass

\$1,099

\$1,299

3. ADD-ON ITEM

12-month Digital Subscription to OR Manager — \$189

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 _____

REGISTRATION TERMS AND CONDITIONS

CANCELLATION/REFUND POLICY

The cancellation deadline is Friday, December 31, 2021. All cancellations must be made in writing. No refunds will be given, any cancelled registrations will be credited towards the next year's event. Non-payment or non-attendance does not constitute cancellation. If for any reason Access Intelligence decides to cancel or postpone this conference, Access Intelligence is not responsible for covering airfare and other travel costs incurred by the clients. Substitutions are allowed and must be made in writing. Please send all requests to clientservices@accessintel.com.

In light of the COVID-19 pandemic and because our participants' health and well-being is our most important priority, the Conference is working closely with the event venue and our event partners on developing and implementing health and safety measures best practices for the Conference. However, since each individual's health and safety needs and concerns may differ, we strongly recommend that each participant carefully evaluate their personal health needs and concerns before registering for and/or attending the Conference in-person. Your attendance at the event is completely voluntary. As such, your attendance is at your own risk, and you voluntarily assume any and all risks and hazards, including without limitation, personal injury, illness, or otherwise, and hereby release the Conference and Access Intelligence, LLC and its officers, employees, partners, contractors and vendors of any liability related to your attendance.

SUBSTITUTION/REPRINT POLICY

Registrations can be altered and edited up until the badge is printed. Access Intelligence recognizes the information in the registration system, NOT the confirmation e-mail, as the most current and valid information. Substitutions may be made at any time for the confirmed registrants of OR Business Management 2022; however printed badges are non-transferable once collected at the conference. Notice of substitution must be made in writing by the original registrant to clientservices@accessintel.com or: OR Business Management Conference 2022, Attn: Registration, 9211 Corporate Blvd., 4th Floor, Rockville, MD, 20850.

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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
 3 years 5 or more years

2. What best describes where you are employed?

- | | |
|--|--|
| <input type="checkbox"/> Academic Hospital | <input type="checkbox"/> IDN |
| <input type="checkbox"/> Ambulatory Surgery Centers (Free-standing, In-hospital or Office-based) | <input type="checkbox"/> Manufacturer/Vendor |
| <input type="checkbox"/> Children's Hospital | <input type="checkbox"/> PACU |
| <input type="checkbox"/> Community Hospital | <input type="checkbox"/> Tertiary Hospital |
| <input type="checkbox"/> GPO | <input type="checkbox"/> VA Hospital |
| | <input type="checkbox"/> Other _____ |

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

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> You name it, we do it | <input type="checkbox"/> Orthopedic |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Pediatric |
| <input type="checkbox"/> Cosmetic | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Other _____ |

4. What best represents your professional title?

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

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

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

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

- | | |
|---|--|
| <input type="checkbox"/> Final decision-making authority on purchases | <input type="checkbox"/> Recommend new products |
| <input type="checkbox"/> Member of purchasing/evaluation committee | <input type="checkbox"/> Specify suppliers to evaluate products and services |
| | <input type="checkbox"/> Veto Authority |

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

- | | |
|---|---|
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> OR Tables |
| <input type="checkbox"/> Asset Tracking/RFID | <input type="checkbox"/> Orthopedic instruments |
| <input type="checkbox"/> Billing | <input type="checkbox"/> Patient safety |
| <input type="checkbox"/> Capital Equipment | <input type="checkbox"/> Positioning |
| <input type="checkbox"/> Career/Staffing/Recruitment | <input type="checkbox"/> Scheduling |
| <input type="checkbox"/> Cleaning/Sterilization | <input type="checkbox"/> Smoke Evacuation Systems |
| <input type="checkbox"/> Education | <input type="checkbox"/> Sterile Processing Equipment |
| <input type="checkbox"/> Fluid Management Systems | <input type="checkbox"/> Surgical Lights |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Surgical Tools |
| <input type="checkbox"/> Instrumentation | <input type="checkbox"/> Uniforms/Personal protective equipment |
| <input type="checkbox"/> IT/Software/Hardware | <input type="checkbox"/> Wound care products |
| <input type="checkbox"/> Laparoscopic instruments | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 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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