







# SEPTEMBER 30 - OCTOBER 2, 2020 THE MIRAGE \* LAS VEGAS

#### **GROUP DISCOUNT**

When more than one person from a facility registers, each registrant will receive a **10% discount** on the conference rate. All members of the group must register at the same time.

# VIP Code: PDFREG

### FIVE EASY WAYS TO REGISTER

Phone (9:00 am- 5:30 pm EST): 800-550-2880



Fax: +1-301-309-3847

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Online: www.ORManagerConference.com

Mail: OR Manager Conference 9211 Corporate Blvd., 4th Floor Rockville, MD 20850

@ Email: info@ORManagerConference.com

#### 1. YOUR CONTACT INFORMATION

Photocopy form for additional registrants.

Name			 	
Title			 	
Email				
Daytime Phone				
Facility/Organization			 	
Address			 	
City				
Date//				
Home Address (if you would	like materials sent t	o your home)		
Address			 	
City				

2. SELECT YOUR PACKAGE All programming is Wednesday, Sept. 30 - Friday, Oct. 2	Loyalty Rates Ends 2/14/20	Early Bird Rates Ends 6/26/20	Advanced Rates Ends 9/10/20	Regular Rates Ends 10/2/20
☐ All Access (OR Manager Conference, PACU Manager Summit, and ASC Leader Summit)	\$899	\$999	\$1,099	\$1,199
☐ OR Manager Conference	\$699	\$799	\$899	\$999
□ PACU Manager Summit	\$579	\$679	\$779	\$879
☐ ASC Leader Summit	\$579	\$679	\$779	\$879

3. CHOOSE YOUR WORKSHOP on Tuesday, Sept. 29	Loyalty Rates Ends 2/14/20	Early Bird Rates Ends 6/26/20	Advanced Rates Ends 9/10/20	Regular Rates Ends 10/2/20
☐ Mastering Joint Commission Standards and CMS Regulations	\$499	\$499	\$499	\$499
☐ Fundamentals of Operating Room Management Certificate of Mastery presented in partnership with the Competency & Credentialing Institute	\$499	\$499	\$499	\$499

#### 4. ADD-ON ITEMS

- □ OR Manager Conference Kickoff Party Guest Ticket—\$40
- OR Manager's Night Out—\$50 (\$60 onsite)
- □ Pre-order the Conference Recordings—\$299
- **□** Bookstore Gift Certificate—\$100

#### 5. PAYMENT INFORMATION

☐ Check: # is enclosed.				
Please make check	Please make check payable in USD to			
Access Intelligence	, LLC/ORMC1	18		
□ Credit Card:				
Visa	MasterC	ard		
□ Discover □ American Express		in Express		
-	Card Numb	er		
Expiration Date		CVV#		

Print Name on Card

Signature

□ PO or Federal Government Voucher SF182 \_\_\_\_\_(please attach PO or voucher)

☐ Wire Transfer—Note: For all wire transfers add \$75 USD processing fee.

CIBC

120 S. LaSalle Street, Chicago, IL 60603 SWIFT Address: PVTBUS44 ABA number: 071006486 Account number: 2468344

Beneficiary Name: Access Intelligence, LLC

By registering you agree to receive emails about the conference unless you check the opt-out box below.

 $\hfill \Box$  Opt-out—I do not want to receive information via email.

#### **REGISTRATION TERMS AND CONDITIONS**

CANCELLATIONS: All cancellations must be made in writing and will be subject to a \$250 service fee (per attendee). Registrants who cancel before August 1, 2020, will receive a refund of their payment minus the service fee. Registrants who do not cancel prior to August 1, 2020 will be liable for the full registration fee. 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 clients. Registrants who fail to attend and do not cancel prior to the event are not entitled to a credit or refund of any kind. There are no exceptions.

SUBSTITUTIONS: Substitutions may be made at any time for confirmed registrants. Notice of substitution must be made in writing and sent to: info@ormanagerconference.com.

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.

QUESTIONS: If you need assistance, please contact OR Manager Conference customer service at 800-550-2880.









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Manager Conference, ASC Leader Summit

(Free-standing, In-hospital or Office-based)

3. What types of procedures does your facility

4. What best represents your professional title? ■ Administrator/Director/Manager/Owner/Exec.

■ Anesthesiologist/Nurse Anesthetist ■ Business Manager/Director

■ Educator/Staff Development ■ Medical Director/Chief Surgeon ■ OR Manager/Supervisor ■ Purchasing/Procurement

☐ Supply Chain Management

■ Surgical Technologist

☐ Director of Surgical Services/Director of

and/or PACU Manager Summit?

☐ First-Time Attendee

☐ Children's Hospital

□ Community Hospital

■ Manufacturer/Vendor

☐ You name it, we do it

☐ Tertiary Hospital

■ VA Hospital Other

focus on?

□ Cardiac

□ Cosmetic

Orthopedic

□ Pediatric

■ Podiatry Other

Consultant

Nursing

□ Recruiter

Ophthalmology

2. What best describes where you are employed? ■ Academic Hospital ■ Ambulatory Surgery Centers

□ 1-3 years

■ 4-7 years

□ GPO

☐ IDN

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#### **6. CREATE YOUR PROFILE** 5. Which of these areas fall under your esponsibilities? (Check all that apply) 1. How many years have you attended OR

■ 8-12 years

☐ More than 13 years

responsibilities: (Check all that apply)
■ Anesthesia Support Personnel
☐ Cardiac Cath Lab
□ Central Processing
☐ CRNAs
■ Emergency Department/Trauma Services

□ GI/Endoscopy	

☐ Inpatient Nursing Unit	
■ Labor and Delivery	

Materials	Manage	ement	for	OR
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	Pain	Mar	nager	ment		

☐ Perfusion Services ■ Post Anesthesia Care

Preadmission Services

□ Preop Unit ☐ Sterile Processing

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

lue Member of purchasing/evaluation committee

■ Recommend new products ☐ Specify suppliers to evaluate products and

services

Veto Authority

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

	Anesthesia
	Asset Tracking/RFID
	Billing
	Capital Equipment
	Career/Staffing/Recruitment
	Cleaning/Sterilization
	Education
	Fluid Management Systems
	Furniture
	Instrumentation
$\Box$	IT/Software/Hardware

■ Laparoscopic instruments ■ Monitors/Cameras/Video Devices

■ OR Tables

■ Orthopedic instruments

■ Patient safety ■ Positioning

■ Scheduling

■ Smoke Evacuation Systems

☐ Sterile Processing Equipment

■ Surgical Lights ■ Surgical Tools

☐ Uniforms/Personal protective equipment

■ Wound care products

Other

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?

8. Who is your emergency contact?

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