

## 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**  
**9211 Corporate Blvd, 4th Floor**  
**Rockville, MD 20850**



Web:  
**www.ormanager.com/managementconference**



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

Package	Advanced Rate (Ends Dec. 20, 2019)	Regular Rate
<input type="checkbox"/> Conference Only	\$1,195	\$1,295
<input type="checkbox"/> Pre-Conference Workshop — The Big Four: Key Components to Optimizing Your Perioperative Business Savvy + Conference	\$1,395	\$1,695
<input type="checkbox"/> Pre-Conference Workshop — Business Case Formation: Surgical Service Line + Conference	\$1,395	\$1,695
<input type="checkbox"/> Pre-Conference Workshop Only		
<input type="radio"/> The Big Four: Key Components to Optimizing Your Perioperative Business Savvy	\$745	\$895
<input type="radio"/> Business Case Formation: Surgical Service Line		

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

## 3. 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 \_\_\_\_\_

## 4. CREATE YOUR PROFILE

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

- First-Time Attendee     8-10 years  
 1-3 years     11 or more years  
 4-7 years

### 2. What best describes where you are employed?

- Ambulatory Surgery Centers  
 (Free-standing, In-hospital or Office-based)  
 Academic Hospital  
 Community Hospital  
 Tertiary Hospital  
 VA Hospital  
 Children's Hospital  
 Clinic  
 Manufacturer/Vendor  
 Other \_\_\_\_\_

### 3. What best represents your job position?

- OR, Nursing, Surgical, Perioperative  
 Manager  
 Director  
 VP  
 Admin Specialist/Director  
 Coordinator  
 Business Manager  
 Educator/Staff Development  
 OR Industry  
 Consultant  
 Student  
 Sales/Marketing Representative  
 Other \_\_\_\_\_

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

- Recommend new products  
 Specify suppliers to evaluate products and services  
 Member of purchasing/evaluation committee  
 Final decision making authority on purchases  
 I do not play a role in purchasing decisions

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

- IT/Electronic     Supplies  
 Capital Equipment     Positioning  
 Instrumentation     Other \_\_\_\_\_