

GROUP DISCOUNT: When 3-4 individuals 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. *Cannot be combined with other discount offers.

FIVE EASY WAYS TO REGISTER

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

Online: www.ORManagerConference.com

Mail: OR Manager Conference
PO Box 775986
Chicago, IL 60677-5986

Fax: +1-301-309-3847

Email: info@ORManagerConference.com

1. YOUR CONTACT INFORMATION

Photocopy form for additional registrants.

Name _____
 RN License # _____ Credentials _____
 Title _____
 Facility/Organization _____
 Address _____
 City _____ State _____ Zip Code _____ Country _____
 Work Phone _____ Cell Phone _____
 Email _____
 Date ____/____/____

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

Opt-out—I do not want to receive information via email.

2. SELECT YOUR PACKAGE

	Loyalty Rate Ends 3/31	Early Bird Rates Ends 6/20	Advanced Rates Ends 8/25	Regular Rates Starts 8/26
<input type="checkbox"/> Best Value Pass	\$1,395	\$1,445	\$1,495	\$1,595
<input type="checkbox"/> All-Access Pass	\$1,199	\$1,249	\$1,349	\$1,449
<input type="checkbox"/> ASC Leader Summit Pass	\$1,199	\$1,249	\$1,349	\$1,449
<input type="checkbox"/> Conference Pass	\$1,049	\$1,099	\$1,199	\$1,299
<input type="checkbox"/> Expo Hall Only	\$75	\$80	\$90	\$100

*Expo Hall Only passes are only available to licensed healthcare professionals representing a health system or facility.

3. SELECT A PRE-CONFERENCE WORKSHOP *Included with Value, All-Access and ASC Leader Summit Passes

- New Leader:** Key Budgeting Components for New Managers
- Leadership:** Wellness Workshop
- ASC:** Embracing Outpatient Care: Positioning for Growth in New Service Lines

4. ADD-ON ITEMS

- 1-year OR Manager Print Subscription** –\$229
 - Exhibit Hall Welcome Reception Guest Pass**–\$45
 - OR Manager's Night Out**–\$100*
 - Guest Ticket–\$100
*Starting 6/21/2023, OR Manager's Night Out tickets will be \$110. Starting 8/26/2023, tickets will be \$120.
 - Bookstore Gift Certificate***
 - \$50 - YOU PAY: \$45
 - \$100 - YOU PAY: \$85
- *Available pre-conference only.

5. PAYMENT INFORMATION

- Check: # _____ is enclosed. Please make check payable in USD to Access Intelligence, LLC/ORMC2023
 - Credit Card:
 - Visa MasterCard Discover American Express
- Card Number: _____
 Expiration Date: _____ CVV#: _____
 Signature: _____
 Name Printed on Card: _____
- 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

TERMS & CONDITIONS

CANCELLATIONS: All cancellations must be made in writing and will be subject to a \$600 cancellation fee (per attendee). Registrants who cancel before **July 27, 2023**, will receive a refund of their payment minus the service fee. Registrants who do not cancel prior to **July 27, 2023** 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. Refunds due to registrant error will be charged a \$199 processing fee. Non-payment or non-attendance does not constitute cancellation and will not be entitled to a credit or refund.

QUALIFICATION: Best Value, All-Access, ASC Leader Summit, Conference, and Expo Hall Only passes are reserved for healthcare professionals representing a health system or facility. Manufacturer and vendor representatives do not qualify, and must be an exhibitor or sponsor to attend. Access Intelligence reserves the right to cancel registrations for unqualified individuals. All cancellations are subject to the \$199 processing fee.

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 Manager Conference 2023; 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 Manager Conference 2023, Attn: Registration, 9211 Corporate Blvd., 4th Floor, Rockville, MD, 20850.

AGE POLICY: No one under the age of 21 is permitted to register for or attend OR Manager Conference 2023.

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6. CREATE YOUR PROFILE

1. How many years have you attended OR Manager Conference, ASC Leader Summit and/or PACU Manager Summit?

- First-Time Attendee
- 1-3 years
- 4-7 years
- 8-12 years
- More than 13 years

2. What best describes where you are employed?

- Academic Hospital
- Ambulatory Surgery Center (Free-standing, In-hospital or Office-based)
- Children's Hospital
- Community Hospital
- Manufacturer/Vendor
- Tertiary Hospital
- Other _____

3. What best represents your professional title?

- Administrator
- Anesthesiologist/Nurse Anesthetist
- Business Manager/Director
- Chief Nursing Officer/Nurse Leader/Charge Nurse
- Chief Operating Officer/Director of Operations
- Clinical Manager/Director
- Consultant
- Data Analyst
- Director of Surgical Services/Director of Nursing
- Educator/Staff Development/Professor
- Medical Director/Chief Surgeon
- OR Manager/Supervisor
- Owner/Executive Officer
- PreOp/PACU Manager/Director
- Purchasing/Procurement
- Recruiter
- Student/Intern
- Supply Chain Management
- Surgical Technologist
- Vice President

4. What is your current job level?

- C-Level/President
- Coordinator
- Director
- Manager
- Student/Intern
- SVP/VP
- Other _____

5. How long have you worked in a perioperative managerial role?

- Less than 1 year
- 1-3 years
- 4-7 years
- 8-10 years
- More than 10 years

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
- Member of purchasing/evaluation committee
- Recommend new products
- Specify suppliers to evaluate
- I do not play a role in the purchasing process

7. What are your products of interest?

- Anesthesia
- Asset Tracking/RFID
- Billing
- Capital Equipment
- Career/Staffing/Recruitment
- Cleaning/Sterilization
- Education
- Fluid Management Systems
- Furniture
- Infection Control/Prevention
- Instrumentation
- IT/Software/Hardware
- Laparoscopic Instruments
- Monitors/Cameras/Video Devices
- OR Equipment Booms/Pendants
- OR Tables
- Orthopedic Instruments
- Patient Safety
- Positioning
- Recruiting
- Robotics
- Scheduling
- Smoke Evacuation Systems
- Sterile Processing Equipment
- Surgical Lights
- Surgical Tools
- Uniforms/Personal Protective Equipment
- Wound Care Products
- Other _____

8. Reverse Expo Interest

- Yes, I would be interested in participating in the Reverse Expo on Sunday, September 17, from 2-5 pm, and meet one-on-one with vendor representatives of my choice.
- No, I am not interested at this time.

**Participants must be involved in the purchasing decision process at their institution and invited to participate. Approved participants will receive 1 complimentary room night at the Omni Nashville Hotel for Sunday evening.*

9. How did you hear about OR Manager Conference?

- Email
- Friend or Colleague
- Advertisement
- Website
- Referred by Speaker _____
- Brochure or Postcard
- Other _____

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

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