

GROUP DISCOUNT: When 3-4 individuals register in the same transaction, each registrant will receive a **10% discount** on each pass. When 5-7 register at the same time, save 15% on each pass. When 8 or more register at the same time, save 20% on each pass. All members of the group must be purchased in the same transaction. **Cannot be combined with other discount offers.*

PROMO CODE: _____

EMAIL THIS COMPLETED FORM TO info@ormananagerconference.com

5 EASY WAYS TO REGISTER

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

Fax: +1 301-560-8923

Web: www.ORManagerConference.com

Email: info@ORManagerConference.com

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

1. YOUR CONTACT INFORMATION

**Denotes required*
Photocopy form for additional registrants.

Name* _____

RN License # _____ Credentials _____

Title* _____

Facility/Organization* _____

Address* _____

City* _____ State* _____ Zip Code* _____ Country* _____

Work Phone* _____ Cell Phone _____

Email* _____

Date ____/____/____

2. SELECT YOUR PACKAGE

Final Savings Rates
Ends 10/10

Regular Rates
Starts 10/11

☐ **Premier Pass** (formerly Best Value)

\$1,549

\$1,649

☐ **All-Access Pass**

\$1,399

\$1,399

☐ **Conference Pass**

\$1,249

\$1,349

☐ **Innovation Hub Only**

\$90

\$100

☐ **Pre-Conference Workshop Only**

\$399

\$449

☐ **Pre-Conference Workshop:
ASC Administrators Training Course**

\$299/\$695

3. SELECT YOUR PRE-CONFERENCE WORKSHOP INCLUDED WITH BEST VALUE AND ALL-ACCESS PASSES

- ☐ **Mastering The Joint Commission standards & CMS regulations**
- ☐ **The leadership shift: From managing tasks to leading with influence**
- ☐ **ASC Administrators Training Course** (\$299 with Premier and All-Access passes; Full price: \$695)

4. ADD-ON ITEMS

- ☐ **1-year OR Manager Premium Print Subscription**—\$229
- ☐ **Periop Networking & Innovation Hub Welcome Reception Guest Pass**—\$45
- ☐ **OR Manager's Night Out**—\$125
☐ Guest Ticket—\$125
- ☐ **2026 OR Business Management Summit Pass**—\$625

5. PAYMENT INFORMATION

- ☐ **Check:** # _____ is enclosed.
Please make check payable in USD to Access Intelligence, LLC/ORMC2025
- ☐ **Credit Card:**
☐ Visa ☐ MasterCard ☐ Discover ☐ American Express
Card Number: _____
Expiration Date: _____ CVV#: _____
Signature: _____
Name Printed on Card: _____
- ☐ **Invoice/PO or Federal Government Voucher SF182:**
(please attach PO or voucher)
☐ Invoice Me
☐ PO
☐ Government Voucher SF182
- ☐ **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

INSTRUCTIONS:

Complete the form, and email it to info@ormananagerconference.com

Payment must be received before October 28, 2025.

TERMS & CONDITIONS

CANCELLATIONS: Cancellations must be made in writing, non-payment or non-attendance does not constitute cancellation. Cancellations received prior to **September 15, 2025** will receive a refund minus a \$600 cancellation fee (per attendee). No refunds will be granted after **September 15, 2025**. Any refunds due to registrant error will be subject to a fee of \$199. 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. No refunds will be issued for OR Manager's Night Out tickets.

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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. Substitution may be made until October 27, 2025 for the confirmed registrants. Substitutions will not be allowed onsite at the 2025 OR Manager Conference. Notice of substitution must be made in writing by the original registrant to info@ormananagerconference.com or: OR Manager Conference 2025, Attn: Registration 9211 Corporate Blvd., 4th Floor, Rockville, MD, 20850. ***There will be a charge of \$25 for badge reprints onsite.**

AGE POLICY: No one under the age of 21 is permitted to register for or attend OR Manager Conference 2025.

PHOTOGRAPHY/VIDEOGRAPHY RELEASE NOTICE: By attending OR Manager Conference, you are entering into an area where photography, audio and video recording will occur. Your entry and presence at the event constitutes your consent to be photographed, filmed, and/or otherwise recorded and to the release, publication, exhibition, or reproduction of any and all recorded media of your appearance, voice, and name for any purpose whatsoever in perpetuity in connection with Access Intelligence and its initiatives, including by way of example only, use on websites, in social media, news and advertising.

By entering the event premises, you waive and release any claims you may have related to the use of recorded media of you at the event, including, without limitation, any right to inspect or approve the photo, video or audio recording of you, any claims for invasion of privacy, violation of the right of publicity, defamation, and copyright infringement or any fees for use of such recorded media.

5. CREATE YOUR PROFILE

1. How many years have you attended OR Manager Conference?

- ☐ 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, hospital- or health system-affiliated)
- ☐ Ambulatory Surgery Center (free-standing, independent or physician-owned)
- ☐ Ambulatory Surgery Center (HOPD/In-hospital)
- ☐ Children's Hospital
- ☐ Community Hospital
- ☐ Critical Access Hospital
- ☐ Health System
- ☐ Manufacturer/Vendor
- ☐ Military/Government/VA Hospital
- ☐ Rural Hospital
- ☐ Tertiary Hospital
- ☐ Other _____

3. How many ORs do you oversee?

- ☐ 1-4
- ☐ 5-7
- ☐ 8-10
- ☐ 11-15
- ☐ 16-25
- ☐ 26-50
- ☐ 51-75
- ☐ 76-100
- ☐ 101 or more
- ☐ N/A

4. What best represents your professional title?

- ☐ Administrator
- ☐ Anesthesiologist/Nurse Anesthetist
- ☐ Business Manager/Director
- ☐ Chief Nursing Officer/Director of Nursing/ Nurse Leader/Charge Nurse
- ☐ Chief Operating Officer/Director of Operations
- ☐ Clinical Manager/Director
- ☐ Consultant
- ☐ Data Analyst
- ☐ Director of Surgical Services/Director of Perioperative Services
- ☐ Educator/Staff Development/Professor
- ☐ Medical Director/Chief Surgeon
- ☐ OR Manager/Supervisor

- ☐ Owner/Executive Officer
- ☐ PreOp/PACU Manager/Director
- ☐ Purchasing/Procurement
- ☐ Recruiter
- ☐ Sterile Processing Coordinator/Manager
- ☐ Student/Intern
- ☐ Supply Chain Management
- ☐ Surgical Technologist
- ☐ Vice President

5. What is your current job level?

- ☐ C-Level/Executive/President/Owner
- ☐ Coordinator
- ☐ Director/Assistant Director
- ☐ Manager/Supervisor/Charge/Lead
- ☐ Student/Intern
- ☐ SVP/VP/AVP
- ☐ Other _____

6. 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

7. 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

8. What are your products of interest?

- ☐ Aesthetic Medicine/Pharmaceuticals
- ☐ 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 Navigation Support
- ☐ Surgical Tools
- ☐ Uniforms/Personal Protective Equipment
- ☐ Wound Care Products
- ☐ Other _____

9. Reverse Expo Interest

- ☐ Yes, I would be interested in participating in the Reverse Expo on Monday, October 27, 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 in the OR Manager Conference room block for Sunday evening.*

10. How did you hear about OR Manager Conference?

- ☐ Email
- ☐ Friend or Colleague _____
- ☐ Referred by Speaker _____
- ☐ Web Advertisement
- ☐ Website
- ☐ Print Advertisement
- ☐ OR Manager Magazine
- ☐ Brochure or Postcard
- ☐ Other _____

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

12. Sign up for text messaging to receive the most important news and event updates you don't want to miss from OR Manager Conference delivered to your mobile device.

- ☐ By checking this box, you agree to receive promotional messages sent via an autodialer. Reply STOP to unsubscribe or HELP for help. Estim. 4 msgs/month. Msg&Data rates may apply.

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