

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

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 _____ Cell Phone _____

Facility/Organization _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Date ____/____/____

Home Address (if you would like materials sent to your home)

Address _____

City _____ State _____ Zip Code _____ Country _____

2. SELECT YOUR PACKAGE

All programming is Wednesday, Sept. 30 - Friday, Oct. 2

Advanced Rates
Ends 9/10/20

Regular Rates
Ends 10/2/20

<input type="checkbox"/> All Access (OR Manager Conference, PACU Manager Summit, and ASC Leader Summit)	\$1,099	\$1,199
<input type="checkbox"/> OR Manager Conference	\$899	\$999
<input type="checkbox"/> PACU Manager Summit	\$779	\$879
<input type="checkbox"/> ASC Leader Summit	\$779	\$879
<input type="checkbox"/> OR Manager Conference On Demand	\$679	\$679

3. CHOOSE YOUR WORKSHOP

on Tuesday, Sept. 29

Advanced Rates
Ends 9/10/20

Regular Rates
Ends 10/2/20

<input type="checkbox"/> Mastering Joint Commission Standards and CMS Regulations	\$499	\$499
<input type="checkbox"/> Fundamentals of Operating Room Management Certificate of Mastery presented in partnership with the Competency & Credentialing Institute	\$499	\$499

4. ADD-ON ITEMS

- OR Manager Conference Kickoff Party Guest Ticket—\$40
- OR Manager's Night Out—\$50 (\$60 onsite)
- Bookstore Gift Certificate—\$100

5. PAYMENT INFORMATION

Check: # _____ is enclosed. Please make check payable in USD to Access Intelligence, LLC/ORMC18

Credit Card:
 Visa MasterCard
 Discover American Express

_____ Card Number

_____ Expiration Date _____ CVW#

_____ Signature

_____ Print Name 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

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.

REGISTRATION TERMS AND CONDITIONS

WORRY-FREE CANCELLATION: If you need to cancel your registration, your registration fee can be credited toward another OR Manager event if notified by August 31, 2020. Non-payment or non-attendance does not constitute cancellation. If for any reason, Access Intelligence decides to cancel or postpone this event, Access Intelligence is not responsible for covering airfare and other travel costs incurred by registrants. Substitutions are allowed and must be made in writing. Please send all requests to info@ormanagerconference.com prior to August 31, 2020.

*Rest assured of your investment with our "Worry-Free Registration."

We want you to feel totally confident about your registration to our events. If OR Manager needs to reschedule the event, we will simply roll over your booking to the new dates.

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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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 8-12 years
- 1-3 years More than 13 years
- 4-7 years

2. What best describes where you are employed?

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

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

- You name it, we do it
- Cardiac
- Cosmetic
- Ophthalmology
- Orthopedic
- Pediatric
- Podiatry
- Other _____

4. What best represents your professional title?

- Administrator/Director/Manager/Owner/Exec. Officer
- Anesthesiologist/Nurse Anesthetist
- Business Manager/Director
- Consultant
- Director of Surgical Services/Director of Nursing
- Educator/Staff Development
- Medical Director/Chief Surgeon
- OR Manager/Supervisor
- Purchasing/Procurement
- Recruiter
- Supply Chain Management
- Surgical Technologist

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

- Anesthesia Support Personnel
- Cardiac Cath Lab
- Central Processing
- CRNAs
- Emergency Department/Trauma Services
- GI/Endoscopy
- ICU
- Inpatient Nursing Unit
- Labor and Delivery
- Materials Management for OR
- Outpatient/Same-Day Surgery
- Pain Management
- 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
- 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
- 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 _____

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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