# OR Manager october 28-30, 2024 | MGM GRAND · LAS VEGAS, NV

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:
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# **5 EASY WAYS TO REGISTER**

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



Web: www.ORManagerConference.com



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

	<b>Fax:</b> +1-301-309-3847

Email: info@ORManagerConference.com

1. YOUR CONTACT INFORMATIO	i. Your	CONTA	ACT INFO	RMATION
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\*Denotes required Photocopy form for additional registrants.

Name*				
RN License #		Credentials		
Title*				
Address*				
City*	_ State*	Zip Code*	Country*	
Work Phone*		Cell Ph	one	
Email*				
Date / /				

2. SELECT YOUR PACKAGE	<b>Loyalty Rates</b> Ends 5/10	Early Bird Rates Ends 7/30	Advanced Rates Ends 10/19	Regular Rates After 10/19
☐ Best Value Pass	\$1,245	\$1,445	\$1,495	\$1,595
☐ All-Access Pass	\$1,049	\$1,249	\$1,349	\$1,449
☐ Conference Pass	\$899	\$1,099	\$1,199	\$1,299
☐ Innovation Hub Only	\$75	\$80	\$90	\$100
☐ Pre-Conference Workshop Only	\$245	\$295	\$345	\$395

#### 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—\$100\*
  - ☐ Guest Ticket—\$100

\*Starting **7/31/2024**, OR Manager's Night Out tickets will be \$110. Starting 10/19/2024, tickets will be \$120.

## **5. PAYMENT INFORMATION**

□ CHECK. #	is efficiosed.
Please make check payable	
Access Intelligence, LLC/OR	MC2023
D. Consulta Consulta	

#### ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express Card Number: Expiration Date: \_\_\_ \_ CVV#: \_ Signature: \_

## Name Printed on Card: \_ ☐ PO or Federal 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

#### 3. SELECT PRE-CONFERENCE WORKSHOP

- ☐ Mastering Joint Commission Standards | 2:00 pm-5:00 pm
- ☐ CASC Training Course\* | 8:00 am-5:30 pm Additional Cost: \$299/\$695

# **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 September 5, 2024, will receive a refund of their payment minus the cancellation fee. Registrants who cancel after September 5, 2024, 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. No refunds will be issued for OR Manager's Night Out tickets.

QUALIFICATION: Best Value, All-Access, Conference, and Networking Only passes are reserved for healthcare professionals representing a health system or facility. Manufacturer and vendor representative 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. Substitution may be made at any time for the confirmed registrants of OR Manager Conference 2024; 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 2024, Attn: Registration 9211 Corporate Blvd., 4th Floor, Rockville, MD, 20850. \*There is a \$25 badge reprint fee onsite if you misplace your badge.

AGE POLICY: No one under the age of 21 is permitted to register for or attend OR Manager Conference 2024.

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.

If purchased with Best Value or All-Access Pass, CASC Training is an additional \$299. If purchased separately, the cost is \*695.

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# **5. CREATE YOUR PROFILE**

1. How many years have you attended OR Manager Conference?	<ul><li>□ PreOp/PACU Manager/Director</li><li>□ Purchasing/Procurement</li></ul>	<ul><li>□ Orthopedic Instruments</li><li>□ Patient Safety</li></ul>
☐ First-Time Attendee	☐ Recruiter	□ Positioning
☐ 1-3 years	Sterile Processing Coordinator/Manager	□ Recruiting
☐ 4-7 years	☐ Student/Intern	□ Robotics
□ 8-12 years	Supply Chain Management	□ Scheduling
☐ More than 13 years	Surgical Technologist	☐ Smoke Evacuation Systems
•	□ Vice President	☐ Sterile Processing Equipment
2. What best describes where		☐ Surgical Lights
you are employed?	5. What is your current job level?	□ Surgical Navigation Support
□ Academic Hospital	□ C-Level/Executive/President/Owner	☐ Surgical Tools
■ Ambulatory Surgery Center (free-standing,	□ Coordinator	☐ Uniforms/Personal Protective Equipment
hospital- or health system-affiliated)	□ Director/Assistant Director	■ Wound Care Products
■ Ambulatory Surgery Center (free-standing,	Manager/Supervisor/Charge/Lead	□ Other
independent or physician-owned)	☐ Student/Intern	
■ Ambulatory Surgery Center (HOPD/In-	□ SVP/VP/AVP	9. Reverse Expo Interest
hospital)	☐ Other	Yes, I would be interested in participating in
☐ Children's Hospital		the Reverse Expo on Sunday, October 27, from
□ Community Hospital	6. How long have you worked in a	2-5 pm, and meet one-on-one with vendor
☐ Critical Access Hospital	perioperative managerial role?	representatives of my choice.
■ Manufacturer/Vendor	☐ Less than 1 year	■ No, I am not interested at this time.
■ Military/Government/VA Hospital	☐ 1-3 years	*Participants must be involved in the purchasing decision process at their
□ Rural Hospital	□ 4-7 years	institution and invited to participate. Approved participants will receive 1
☐ Tertiary Hospital	■ 8-10 years	complimentary room night at the MGM Grand for Sunday evening.
□ Other	☐ More than 10 years	10. How did you hear about OR Manager
3. How many ORs do you oversee?	7. What role(s) do you play in purchasing	Conference? ☐ Email
<b>□</b> 1-4	new products and services at your	☐ Friend or Colleague
<b>5</b> -7	institution? (Please check all that apply)	☐ Referred by Speaker
□ 8-10	Final decision-making authority	☐ Web Advertisement
<b>□</b> 11-15	■ Member of purchasing/evaluation committee	☐ Website
<b>□</b> 16-25	Recommend new products	☐ Print Advertisement
<b>2</b> 6-50	Specify suppliers to evaluate	☐ OR Manager Magazine
<b>□</b> 51-75	I do not play a role in the purchasing	☐ Brochure or Postcard
<b>1</b> 76-100	process	□ Other
☐ 101 or more	Q What are very madrate of interest?	<b>-</b> other
□ N/A	8. What are your products of interest?	11. Do you have any special needs, requests or
	☐ Aesthetic Medicine/Pharmaceuticals	food allergies?
4. What best represents your professional title?	□ Anesthesia	
□ Administrator	☐ Asset Tracking/RFID	
■ Anesthesiologist/Nurse Anesthetist	☐ Billing☐ Capital Equipment☐	
■ Business Manager/Director	☐ Capital Equipment ☐ Career/Staffing/Recruitment	
☐ Chief Nursing Officer/Director of Nursing/	☐ Cleaning/Sterilization	
Nurse Leader/Charge Nurse	☐ Education	
☐ Chief Operating Officer/Director of Operations	☐ Fluid Management Systems	12. Sign up for text messaging to receive the most
☐ Clinical Manager/Director	☐ Furniture	important news and event updates you don't want
□ Consultant	☐ Infection Control/Prevention	to miss from OR Manager Conference delivered to
□ Data Analyst □ Director of Surgical Services/Director of	☐ Instrumentation	your mobile device.
□ Director of Surgical Services/Director of Perioperative Services	☐ IT/Software/Hardware	☐ By checking this box, you agree to receive promotional
☐ Educator/Staff Development/Professor	☐ Laparoscopic Instruments	messages sent via an autodialer, and this agreement isn't a
☐ Medical Director/Chief Surgeon	☐ Monitors/Cameras/Video Devices	condition of purchase. Reply STOP to unsubscribe or HELP for
☐ OR Manager/Supervisor	□ OR Equipment Booms/Pendants	help. Estim. 4 msgs/month. Msg&Data rates may apply.
□ Owner/Executive Officer	□ OR Tables	
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