

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	Early Bird Rate (Ends Sept. 20, 2019)	Advanced Rate (Ends Dec. 20, 2019)	Regular Rate
<input type="checkbox"/> Conference Only	\$995	\$1,145	\$1,245
<input type="checkbox"/> Pre-Conference Workshop — The Big Four: Key Components to Optimizing Your Perioperative Business Savvy + Conference	\$1,195	\$1,345	\$1,645
<input type="checkbox"/> Pre-Conference Workshop — Business Case Formation: Surgical Service Line + Conference	\$1,195	\$1,345	\$1,645
<input type="checkbox"/> Pre-Conference Workshop Only			
<input type="radio"/> The Big Four: Key Components to Optimizing Your Perioperative Business Savvy	\$595	\$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 Manager Conference?

- First-Time Attendee
 2 years
 3 years
 4 years
 5 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
 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

Presented by 

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