



# OCTOBER 17-19, 2022

## GAYLORD ROCKIES RESORT & CONVENTION CENTER

**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. Cannot be combined with other discount offers.


### 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](http://www.ORManagerConference.com)

 **Email:** [info@ORManagerConference.com](mailto:info@ORManagerConference.com)

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

### 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

**Early Bird Rates**  
Ends 7/28

**Advanced Rates**  
7/29 – 9/29

**Regular Rates**  
Starts 9/30

☐ **All-Access Pass**

\$1,099

\$1,199

\$1,299

☐ **OR Manager Conference Pass**

\$899

\$999

\$1,099

☐ **ASC Leader Summit Pass**

\$799

\$849

\$899

☐ **PACU Manager Summit Pass**

\$799

\$849

\$899

### 3. ADD A PRE-CONFERENCE WORKSHOP on October 16

**Early Bird Rates**  
Ends 7/28

**Advanced Rates**  
7/29 – 9/29

**Regular Rates**  
Starts 9/30

☐ **Pre-Conference 1: DEI Workshop**

\$395

\$395

\$395

☐ **Pre-Conference 2: Perioperative Nurse Educator Certificate of Mastery**

\$395

\$395

\$395

### 4. ADD-ON ITEMS

- ☐ **1-year OR Manager Digital Subscription**  
–\$199
- ☐ **First-Time Attendee Orientation (New Attendees Only)** –\$0
- ☐ **Exhibit Hall Kick-Off Party Guest Pass** –\$40
- ☐ **OR Manager's Night Out** –\$75
  - ☐ Guest Ticket –\$75
- ☐ **Gift Certificate**
  - ☐ \$50 - YOU PAY: \$45
  - ☐ \$100 - YOU PAY: \$85

### 5. PAYMENT INFORMATION

☐ Check: # \_\_\_\_\_ is enclosed.  
Please make check payable in USD to  
Access Intelligence, LLC/ORMC2022

☐ Credit Card:

- ☐ Visa ☐ MasterCard
- ☐ Discover ☐ American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV# \_\_\_\_\_

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.

### CANCELLATION/REFUND POLICY

The cancellation deadline is **August 22, 2022**. All cancellations must be made in writing. No refunds will be given, any cancelled registrations will be credited towards the next year's event. Non-payment or nonattendance does not constitute cancellation. 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. Substitutions are allowed and must be made in writing. Please send all requests to [clientservices@accessintel.com](mailto:clientservices@accessintel.com).

In light of the COVID-19 pandemic and because our participants' health and well-being is our most important priority, the Conference is working closely with the event venue and our event partners on developing and implementing health and safety measures best practices for the Conference. However, since each individual's health and safety needs and concerns may differ, we strongly recommend that each participant carefully evaluate their personal health needs and concerns before registering for and/or attending the Conference in-person. Your attendance at the event is completely voluntary. As such, your attendance is at your own risk, and you voluntarily assume any and all risks and hazards, including without limitation, personal injury, illness, or otherwise, and hereby release the Conference and Access Intelligence, LLC and its officers, employees, partners, contractors and vendors of any liability related to your attendance.

**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 2022; 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](mailto:clientservices@accessintel.com) or: OR Manager Conference 2022, Attn: Registration, 9211 Corporate Blvd., 4th Floor, Rockville, MD, 20850.

**AGE POLICY:** No one under the age of 18 is permitted to register for or attend OR Manager Conference 2022.

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**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. Cannot be combined with other discount offers.

**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 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. What is your current job level?**

- ☐ C-Level/President  
☐ Coordinator  
☐ Director  
☐ Manager  
☐ Student/Intern  
☐ SVP/VP  
☐ Other \_\_\_\_\_

**6. 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 \_\_\_\_\_

**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 on purchases  
☐ Member of purchasing/evaluation committee  
☐ Recommend new products  
☐ Specify suppliers to evaluate products and services  
☐ Veto Authority  
☐ I do not play a role in the purchasing process

**8. What would you like to take-away from this conference?**

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

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**REVERSE EXPO INTEREST**

- ☐ Yes, I would be interested in participating in the Reverse Expo on Monday, October 17th from 8:00am - 11:00am and meet one-on-one with exhibitors in short 10-minute meetings.  
☐ No, I am not interested at this time.

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