

AHRMM17



THE LEADING HEALTHCARE
SUPPLY CHAIN CONFERENCE

July 23-26, 2017 • Washington, DC

CONFERENCE REGISTRATION FORM

Please complete ALL sections of this form and return it with your registration payment. Registrations can also be completed online at www.AHRMM17.org. This form is for Attendee Registration only. Conference Exhibitors should refer to the Exhibitor Service Kit for registration information.

Please type or print clearly.

PART I: ATTENDEE INFORMATION

Select all that apply:

Last Name: _____

First Name: _____

Middle Initial: _____

First-Time Attendee

Faculty

Designation(s):

CMRP

CPHM

CPM

CRCST

FAHRMM

FACHE

MBA

RN

Other: _____

Member #: _____

Title: _____

Organization: _____

Business Address: _____

City: _____

State: _____

Zip: _____

Country: _____

Phone: _____

Email: _____

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PART II: SELECT REGISTRATION TYPE

Take advantage of the reduced member rates! Join AHRMM by completing [Part III: Membership Application](#) included in this form. Partial refunds cannot be issued at a later date.

Best Value Full Conference

Includes: Learning Labs, access to complete online conference recording library, access to all session handouts online, welcome reception, Sunday roundtable, exhibit hall receptions, proceedings materials, two luncheons, three continental breakfasts, and refreshment breaks throughout the conference.

	EARLY BIRD Postmarked on or before May 15	REGULAR Postmarked after May 15	ONSITE Postmarked on or after July 23	SUBTOTAL
<input type="checkbox"/> AHRMM Member	\$800	\$1,000	\$1,135	_____
<input type="checkbox"/> Non-Member	\$1,000	\$1,200	\$1,365	_____

Full Conference

Includes: Learning Labs, welcome reception, Sunday roundtable, exhibit hall reception, proceedings materials, two luncheons, three continental breakfasts, and refreshment breaks throughout the conference.

	EARLY BIRD Postmarked on or before May 15	REGULAR Postmarked after May 15	ONSITE Postmarked on or after July 23	SUBTOTAL
<input type="checkbox"/> AHRMM Member	\$700	\$900	\$1,035	_____
<input type="checkbox"/> Non-Member	\$900	\$1,100	\$1,265	_____

Single Day

Includes: All programs and events on the selected day.

	MONDAY	TUESDAY	WEDNESDAY	SUBTOTAL
<input type="checkbox"/> AHRMM Member \$365	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Non-Member \$465	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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Pre-Conference Workshops

Pre-conference workshops offer a comprehensive overview of some of the key healthcare supply chain issues. These intensive, information-packed sessions are not included in the conference packages and require separate registration.

	AHRMM MEMBER	NON-MEMBER	SUBTOTAL
<input type="checkbox"/> Supply Chain 101	\$99	\$159	_____
<input type="checkbox"/> Supply Chain 201	\$99	\$159	_____
<input type="checkbox"/> Value Analysis 101	\$99	\$159	_____
<input type="checkbox"/> Value Analysis 201	\$99	\$159	_____
<input type="checkbox"/> CMRP Overview	\$149	\$209	_____

Attendee Exhibit Hall Only

Includes: Access to the Exhibit Hall only for PROVIDERS on a selected day.

	MONDAY	TUESDAY	SUBTOTAL
<input type="checkbox"/> Provider \$125	<input type="checkbox"/>	<input type="checkbox"/>	_____

Trade Press

Media may apply for press badges when covering AHRMM17 at no charge. All press must be approved by AHRMM and must supply their company name, a valid reason for attendance, and their media credentials. Please contact AHRMM at ahrmm@aha.org to obtain approval.

Organization: _____

Reason for Coverage: _____

Guest

Guests must be spouses, partners, or family members of attendees and be at least 18 years old. Allows admittance into conference-related food functions only. Admittance into educational sessions or the Exhibit Hall is NOT permitted. Badges are printed with the guest's first and last name only.

Guest \$90 Guest Name: _____

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PART III: MEMBERSHIP APPLICATION

Become an AHRMM member and take advantage of the special AHRMM member conference rates by completing this section of the form. In just one simple step, you can save up to \$200 off your registration!

Note: If you are already an AHRMM member or do not wish to join at this time, please check the appropriate option below and continue onto Part IV: Event Confirmation.

- I am currently an AHRMM Member I do not wish to join AHRMM at this time

Membership Status

- New Member Renewing Member

Are you a member of an AHRMM Affiliated Chapter? YES NO If yes, which one? _____

Home Address

Send all future AHRMM communications to my: (please check one)

- Home Address (below)
 Business Address (Part I: Attendee Information)

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

Annual Dues

MEMBERSHIP TYPE	ANNUAL DUES	SUBTOTAL
<input type="checkbox"/> Supply Chain Provider: (Employed by a healthcare provider)	\$165	_____
<input type="checkbox"/> Affiliate/Supplier: Vendors/GPOs, Consultants, Trade Press	\$240	_____
<input type="checkbox"/> Military: Active duty military personnel	\$165	_____
<input type="checkbox"/> Supply Chain Executive: Provider CEO, VP, EVP, etc. title	\$220	_____
Young Professional Associate*: Provider member age 30 or younger	\$135	
Retiree*: Individual retired from the work force	\$109	
Full-Time Student*: enrolled full-time in an accredited institution	\$109	

* Qualifying information required. Contact ahrmm@aha.org to apply for these membership types.

Annual Dues: Membership dues are effective one year from the date the membership application is accepted and processed. Membership eligibility is subject to the provision of the AHRMM Charter and Governance Policies. An applicant may join either by mail, phone, email, or the AHRMM website. Applicants may be admitted to membership at any time during the year upon paying annual dues. Under cycle billing procedures, dues will be billed again 12 months later, not on a calendar basis. The AHA may deposit the enclosed dues, remittance pending consideration of the application, and, in the event the application is not approved, the AHA will properly refund remittance. Remittance of dues must accompany the application. Members may cancel their membership at any time, but dues will not be refunded nor is membership transferable. Pricing is valid until December 31, 2017.

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PART IV: ATTENDEE PROFILE

So AHRMM may continue to serve you to the best of its ability, please answer the following questions:

1. Gender:

- Female Male

2. Birth Year: _____

3. Highest Level of Education Achieved (select one)

- High School/GED Bachelor's degree
 Some college Master's degree
 Technical school Doctoral degree
 Associate degree Other (specify): _____

4. Which Level Most Closely Describes Your Current Position?

- Executive - CPO, CRO, EVP, SVP, VP, Administrator Masters;
15+ years of experience
 Director - Supply Chain Director, Assistant Administrator;
10+ years of experience
 Manager - Supply Chain Manager, Purchasing Manager;
6-10 years of experience
 Supervisor - Purchasing Supervisor, Warehouse Supervisor;
3-6 years of experience
 Staff - Buyer, OR Technician, Certified CS Technician, File Clerk;
Entry level - 3 years
 Vendor/Consultant None that apply

5. Supply Chain Areas in Which You Work (select up to three)

- Central Services
 Clinical Resource Management
 Corporate Offices/Health System Headquarters
 Consulting
 Contract Management
 Finance
 Human Resources
 Information Technology Logistics
 Materials Management Pharmacy
 Purchasing Support Services
 Value Analysis Other (specify): _____

6. Number of Employees in Department (select one)

- 1-10 employees
 11-25 employees
 26-50 employees
 51-75 employees
 76-100 employees
 101-200 employees
 201-300 employees
 More than 300 employees

7. Annual Purchasing Budget (select one)

- Less than \$500,000
 \$500,000-\$1 Million
 \$1-2 Million
 \$2-3 Million
 \$3-4 Million
 \$4-5 Million
 \$5-10 Million
 \$10-25 Million
 \$25-50 Million
 \$50-100 Million
 \$100-500 Million
 More than \$500 Million

8. Areas of Buying Influence (select up to three)

- Administration
 Cardiology
 Central Service
 Diagnostic Imaging
 Emergency
 Endoscopy/GI Service Line
 Environmental Services
 Facility Planning & Construction
 Mailroom/Printing
 Medical/Surgical
 Oncology
 Operating Room
 Physician Clinic
 Other (specify): _____

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9. Organization Type:

- Academic Institution
- Acute Care Facility
- Assisted Living Facility
- Consulting Firm
- Distributor
- Group Purchasing Organization (GPO)
- Hospital/Medical Center

10. Organization Setting: (select one)

- National
- Rural
- Suburban
- Urban
- Other (specify): _____

- Integrated Delivery Network (IDN)
- Managed Care Organization
- Manufacturer
- Military/VA/Government
- Rehabilitation Center
- Vendor
- Other (specify): _____

11. Check the Box If This Is Your First Time Attending an AHRMM Conference

- First Time Attendee

12. Register for Free Events at AHRMM17

- Chapter Roundtable (Sunday afternoon)
- Welcome Reception (Sunday evening)
- First Time Attendee & New Member Reception (Sunday evening)

PART V: PAYMENTS

AHRMM is no longer able to accept faxed registration forms.

ONLINE

Pay by credit card at www.AHRMM17.org.

BY MAIL

Complete conference registration form and check (U.S. funds only) must be included with all mailed registrations.

Total Enclosed: \$ _____

- Check (enclosed) made payable to AHRMM (Include Code #314AM2017)

Mail to: AHRMM
75 Remittance Drive, Suite 1885
Chicago, IL 60675-1885

ONSITE

Pay by check or credit card
Sunday, July 23, 8:00 am – 8:00 pm
Monday, July 24, 7:00 am – 4:00 pm
Tuesday, July 25, 7:15 am – 1:30 pm
Wednesday, July 26, 7:30 – 10:30 am

CANCELLATION POLICY

AHRMM reserves the right to cancel or reschedule the Conference & Exhibition or individual sessions due to unforeseen circumstances. AHRMM can't be held liable for nonrefundable airline tickets. 70% of your registration fees are refundable if written notice is received by July 7, 2017. No-shows are non-refundable. Any refunds due will be issued once the Conference ends. Notice of cancellation should be emailed to ahrmm@aha.org. After July 7, 2017, all fees/credits toward the Conference are forfeited. Registered attendees are encouraged to send a substitute if they cannot attend. No exceptions allowed.

PHOTOGRAPHY CONSENT

A professional photographer may take photos of participants at AHRMM17 programs and events. These photos are for AHRMM use only and may appear on AHRMM's website, in printed brochures, or other promotional materials. Attendees' registration grants AHRMM permission and consent for use of this photography.