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: ________________________________

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

Please type or print clearly.
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, exhibit hall receptions, proceedings materials, two luncheons, three continental breakfasts and refreshment breaks throughout the conference.

<table>
<thead>
<tr>
<th></th>
<th>EARLY BIRD</th>
<th>REGULAR</th>
<th>ONSITE</th>
<th>SUBTOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHRMM Member</td>
<td>$800</td>
<td>$1,000</td>
<td>$1,135</td>
<td></td>
</tr>
<tr>
<td>Non-Member</td>
<td>$1,000</td>
<td>$1,200</td>
<td>$1,365</td>
<td></td>
</tr>
</tbody>
</table>

### Full Conference

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

<table>
<thead>
<tr>
<th></th>
<th>EARLY BIRD</th>
<th>REGULAR</th>
<th>ONSITE</th>
<th>SUBTOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHRMM Member</td>
<td>$700</td>
<td>$900</td>
<td>$1,035</td>
<td></td>
</tr>
<tr>
<td>Non-Member</td>
<td>$900</td>
<td>$1,100</td>
<td>$1,265</td>
<td></td>
</tr>
</tbody>
</table>

### Single Day

Includes: All programs and events on the selected day.

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>SUBTOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHRMM Member</td>
<td>$365</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Member</td>
<td>$465</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pre-Conference Workshops

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

<table>
<thead>
<tr>
<th>Workshop</th>
<th>AHRMM MEMBER</th>
<th>NON-MEMBER</th>
<th>SUBTOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply Chain 101</td>
<td>$119</td>
<td>$219</td>
<td></td>
</tr>
<tr>
<td>Supply Chain 201</td>
<td>$119</td>
<td>$219</td>
<td></td>
</tr>
<tr>
<td>Value Analysis 101</td>
<td>$119</td>
<td>$219</td>
<td></td>
</tr>
<tr>
<td>Value Analysis 201</td>
<td>$119</td>
<td>$219</td>
<td></td>
</tr>
<tr>
<td>CMRP Overview</td>
<td>$169</td>
<td>$319</td>
<td></td>
</tr>
</tbody>
</table>

Attendee Exhibit Hall Only

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

<table>
<thead>
<tr>
<th>Provider</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>SUBTOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider</td>
<td>$125</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Trade Press

Media may apply for press badges when covering AHRMM20 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: ____________________________________________ |
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

<table>
<thead>
<tr>
<th>MEMBERSHIP TYPE</th>
<th>ANNUAL DUES</th>
<th>SUBTOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply Chain Provider: (Employed by a health care provider)</td>
<td>$165</td>
<td>$165</td>
</tr>
<tr>
<td>Affiliate/Supplier: Vendors/GPOs, Consultants, Trade Press</td>
<td>$240</td>
<td>$240</td>
</tr>
<tr>
<td>Military: Active duty military personnel</td>
<td>$165</td>
<td>$165</td>
</tr>
<tr>
<td>Supply Chain Executive: Provider CEO, VP, EVP, etc. title</td>
<td>$220</td>
<td>$220</td>
</tr>
<tr>
<td>Young Professional Associate*: Provider member age 35 or younger</td>
<td>$135</td>
<td>$135</td>
</tr>
<tr>
<td>Retiree*: Individual fully-retired from the work force</td>
<td>$109</td>
<td>$109</td>
</tr>
<tr>
<td>Full-Time Student*: enrolled full-time in an accredited institution</td>
<td>$109</td>
<td>$109</td>
</tr>
</tbody>
</table>

* 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 bylaws. 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.
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): ______________________
   - [ ] Other (specify): ______________________

annual.ahrmm.org
CONFERENCE REGISTRATION FORM

9. Organization Type:
- [ ] Academic Institution
- [ ] Acute Care Facility
- [ ] Assisted Living Facility
- [ ] Consulting Firm
- [ ] Distributor
- [ ] Group Purchasing Organization (GPO)
- [ ] Hospital/Medical Center
- [ ] Integrated Delivery Network (IDN)
- [ ] Managed Care Organization
- [ ] Manufacturer
- [ ] Military/VA/Government
- [ ] Rehabilitation Center
- [ ] Vendor
- [ ] Other (specify): ____________________________

10. Organization Setting: (select one)
- [ ] National
- [ ] Rural
- [ ] Suburban
- [ ] Urban
- [ ] 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 AHRMM20
- [ ] Welcome Reception (Sunday)
- [ ] First Time Attendee & New Member Reception (Sunday)

PART V: PAYMENTS

AHRMM is unable to accept faxed registration forms.

- **ONLINE**
  - Pay by credit card at annual.ahrmm.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 #314AM2020)
  - Mail to: AHRMM
  - 75 Remittance Drive, Suite 1885
  - Chicago, IL 60675-1885

- **ONSITE**
  - Pay by check or credit card:
    - Sunday, July 26, 7:30 a.m. – 7:30 p.m.
    - Monday, July 27, 7:00 a.m. – 4:00 p.m.
    - Tuesday, July 28, 7:15 a.m. – 1:30 p.m.
    - Wednesday, July 29, 7:30 a.m. – 10:30 a.m.

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 10, 2020. 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 10, 2020, 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 AHRMM20 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.