



Austin, Texas | July 26–29

# CONFERENCE REGISTRATION FORM

Please complete ALL sections of this form and return it with your registration payment. Registrations can also be completed online at [annual.ahrmm.org](http://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 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, exhibit hall receptions, proceedings materials, two luncheons, three continental breakfasts and refreshment breaks throughout the conference.

	<b>EARLY BIRD</b> Postmarked on or before <b>April 24</b>	<b>REGULAR</b> Postmarked after <b>April 24</b>	<b>ONSITE</b> Postmarked on or after <b>July 26</b>	<b>SUBTOTAL</b>
<input type="checkbox"/> <b>AHRMM Member</b>	\$800	\$1,000	\$1,135	_____
<input type="checkbox"/> <b>Non-Member</b>	\$1,000	\$1,200	\$1,365	_____

### Full Conference

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

	<b>EARLY BIRD</b> Postmarked on or before <b>April 24</b>	<b>REGULAR</b> Postmarked after <b>April 24</b>	<b>ONSITE</b> Postmarked on or after <b>July 26</b>	<b>SUBTOTAL</b>
<input type="checkbox"/> <b>AHRMM Member</b>	\$700	\$900	\$1,035	_____
<input type="checkbox"/> <b>Non-Member</b>	\$900	\$1,100	\$1,265	_____

### Single Day

Includes: All programs and events on the selected day.

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>SUBTOTAL</b>
<input type="checkbox"/> <b>AHRMM Member \$365</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> <b>Non-Member \$465</b>	<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 health care 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	\$119	\$219	_____
<input type="checkbox"/> Supply Chain 201	\$119	\$219	_____
<input type="checkbox"/> Value Analysis 101	\$119	\$219	_____
<input type="checkbox"/> Value Analysis 201	\$119	\$219	_____
<input type="checkbox"/> CMRP Overview	\$169	\$319	_____

## 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 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](mailto: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: \_\_\_\_\_

# CONFERENCE REGISTRATION FORM

## 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"/> <b>Supply Chain Provider:</b> (Employed by a health care provider)	\$165	_____
<input type="checkbox"/> <b>Affiliate/Supplier:</b> Vendors/GPOs, Consultants, Trade Press	\$240	_____
<input type="checkbox"/> <b>Military:</b> Active duty military personnel	\$165	_____
<input type="checkbox"/> <b>Supply Chain Executive:</b> Provider CEO, VP, EVP, etc. title	\$220	_____
<b>Young Professional Associate*:</b> Provider member age 35 or younger	\$135	_____
<b>Retiree*:</b> Individual fully-retired from the work force	\$109	_____
<b>Full-Time Student*:</b> enrolled full-time in an accredited institution	\$109	_____

\* Qualifying information required. Contact [ahrmm@aha.org](mailto: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.

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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 AHRMM20

- Welcome Reception (Sunday)
- First Time Attendee & New Member Reception (Sunday)

## PART V: PAYMENTS

AHRMM is unable to accept faxed registration forms.

 <b>ONLINE</b>	Pay by credit card at <a href="http://annual.ahrmm.org">annual.ahrmm.org</a>
 <b>BY MAIL</b>	<p>Complete conference registration form and check (U.S. funds only) must be included with all mailed registrations.</p> <p>Total Enclosed: \$ _____</p> <p><input type="checkbox"/> Check (enclosed) made payable to AHRMM (Include Code #314AM2020)</p> <p>Mail to:     <b>AHRMM</b>               75 Remittance Drive, Suite 1885               Chicago, IL 60675-1885</p>
 <b>ONSITE</b>	<p>Pay by check or credit card:</p> <p>Sunday, July 26, 7:30 a.m. – 7:30 p.m.</p> <p>Monday, July 27, 7:00 a.m. – 4:00 p.m.</p> <p>Tuesday, July 28, 7:15 a.m. – 1:30 p.m.</p> <p>Wednesday, July 29, 7:30 a.m. – 10:30 a.m.</p>

### 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](mailto: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.