



Online:
www.aorn.org/surgicalexpo



Phone:
US Phone: 1-888-266-7644
International Phone: 972-349-5879



Mail or Fax:
AORN Expo Registration
Dept #13801
PO Box 30106
Salt Lake City, UT 84130-0106
Secure Fax: 972-349-7715

Three Easy Ways to Register:

1. Personal Information Please print legibly

AORN ID _____

First Name _____ Middle Initial _____ Last Name _____

Credentials _____ Home Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Country _____ Home Phone _____

E-mail (required) _____ () -

Work Facility/School _____ Work Facility/School Address _____

City _____ State/Province _____ ZIP/Postal Code _____ -

Country _____ Daytime Phone _____ Ext. _____

First Name (for badge) _____ **Job Title** (for badge) _____

Emergency contact name and phone #: _____

The Year you were born (yyyy): _____

Sign me up to receive promotional text messages from AORN:* Yes No

Preferred Text Telephone Number: _____

*Standard messaging rates apply. Can opt-out at any time.

2. Registrant Profile

- A. Are you employed at an outpatient facility? Yes No If yes, please check all that apply: Free-standing In-hospital Office-based
- B. How many years have you been employed in the perioperative field as an RN?
 Less than 2 years 2-5 years 6-10 years 11-15 years 16-20 years More than 20 years I'm not an RN
- C. Are you currently on active military duty? Yes No
- D. Which role(s) do you play in influencing purchasing decisions for new products and services at your institution? (Please check all that apply.)
 Provide feedback on new products and services Recommend new products Recommend products/services for evaluation
 Member of purchasing/evaluation committee Final decision making authority on purchases Veto authority
- E. Is your facility planning to make a new purchase after the conference?
 Within 3 months Within 3-6 months Within 6-12 months Within the next 12-24 months
- F. What are the top product categories you are interested in learning about in the Expo Hall?
 Career/Staffing/Recruitment Education Patient safety Cleaning/Sterilization Scheduling Billing Wound care products
 Orthopedic instruments Laparoscopic instruments Anesthesia Positioning Ambulatory Furniture Uniforms/Personal protective equipment
 Other _____
- G. What is your facility's yearly budget for capital expenditures? Less than \$1 million \$3-5 million \$5-7 million More than \$7 million Unknown

3. Job Position

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Clinical Nurse Specialist | <input type="checkbox"/> Health Care Industry – Executive/VP | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Staff Nurse |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Health Care Industry – Marketing/Comm. | <input type="checkbox"/> Physician | <input type="checkbox"/> Sterile Processing/Materials Management |
| <input type="checkbox"/> Director/VP/Asst. Director of Nursing | <input type="checkbox"/> Inactive in Nursing | <input type="checkbox"/> Private Scrub Nurse | <input type="checkbox"/> Student Advanced Degree |
| <input type="checkbox"/> Educator/Staff Development | <input type="checkbox"/> Licensed Practical Nurse | <input type="checkbox"/> Researcher | <input type="checkbox"/> Student Nurse |
| <input type="checkbox"/> Full-Time Faculty | <input type="checkbox"/> Nurse Informaticist | <input type="checkbox"/> Retired | <input type="checkbox"/> Surgical Technologist |
| <input type="checkbox"/> Health Care Industry – Sales | <input type="checkbox"/> Nurse Mgr/Supervisor/Coordinator/Team Leader | <input type="checkbox"/> RN First Assistant | <input type="checkbox"/> Team Member |
| <input type="checkbox"/> Health Care Industry – Events/Exhibits | <input type="checkbox"/> Nurse Practitioner | | |

4. Members save up to \$250 on registration. Join now.

Category	Membership Dues <i>(non-transferable and non-refundable)</i>					Chapter Designation			Amount Due
	1-year	2-year	3-year	Lifetime	AORN/APSNA <i>(Chapter not included)</i>	Chapter # <i>(Free)</i>	Assign me to a local chapter <i>(Free)</i>	Additional Chapter <i>(\$20)</i>	
Standard RN	\$170	\$306	\$408	\$1,600	\$235	#	<input type="checkbox"/> Yes <input type="checkbox"/> No	#	
Leader RN	\$225	\$405	\$540	\$2,250	\$290	#	<input type="checkbox"/> Yes <input type="checkbox"/> No	#	
Retired RN	\$40	n/a	n/a	n/a	n/a	#	<input type="checkbox"/> Yes <input type="checkbox"/> No	#	
Student (non-RN)	\$20	n/a	n/a	n/a	n/a	#	<input type="checkbox"/> Yes <input type="checkbox"/> No	#	
Associate (non-RN)	\$170	n/a	n/a	n/a	n/a	#	<input type="checkbox"/> Yes <input type="checkbox"/> No	#	
New to Profession Membership*	\$50 - \$99	n/a	n/a	n/a	n/a	#	<input type="checkbox"/> Yes <input type="checkbox"/> No	#	
Period 101 Student Renewal**	\$50-\$99	n/a	n/a	n/a	n/a	#	<input type="checkbox"/> Yes <input type="checkbox"/> No	#	

*New to Profession Membership rates only valid for practicing RNs with 3 years or less perioperative nursing experience. First year of membership is \$50. Second and third year of membership is \$99.

The \$50 renewal rate is only valid for current Period 101 students. \$99 renewal rate is valid within two years of Period 101 program. **OR

5. Full Conference Pass

	Early Bird Rates Register by February 22, 2023	Standard Rates	Amount Due
Novice Nurse Member *New to Profession and Period 101 member categories qualify	\$420	\$520	\$
AORN Member	\$560	\$660	\$
AORN Member Groups of 3 or More	\$520	\$620	\$
Retired Member * Retired member category qualifies	\$420	\$520	\$
Non-Member	\$760	\$860	\$
Nursing Students *Available to those pursuing registered nurse licensing examination. Student ID needed. No CHS	n/a	n/a	\$0

6. Leadership Summit + Full Conference Pass

	Early Bird Rates Register by February 22, 2023	Standard Rates	Amount Due
AORN Leader Member	\$845	\$945	\$
AORN Member	\$895	\$995	\$
Non-Member	\$1,095	\$1,195	\$

7. Packages & Passes

	Early Bird Rates Register by February 22, 2023	Standard Rates	Amount Due
Weekend Pass Member	\$299	\$350	\$
Weekend Pass Non-Member	\$350	\$400	\$
Sunday & Monday with Expo Hall Pass Member	\$299	\$350	\$
Sunday & Monday with Expo Hall Pass Non-Member	\$350	\$400	\$
Monday & Tuesday with Expo Hall Pass Member	\$299	\$350	\$
Monday & Tuesday with Expo Hall Pass Non-Member	\$350	\$400	\$
Local Pass Share	n/a	\$699	\$
Reimagining the OR Workshop Only (Non-Clinical)	\$399	\$450	\$
Nursing Faculty Program Only (Tuesday)	n/a	n/a	\$0

8. Add-Ons

		Quantity	Amount Due
Reimagining the OR Workshop	\$75		\$
Guest Pass	\$245		\$
Foundation Party	\$35		\$
Foundation Party T-shirt	\$30		\$
	T-shirt Size (circle one): S M L XL XXL XXXL		

9. Discounts

AORN Ambulatory Surgery Center or Facility Group Members Discount

- \$20 off the Full Conference or Leadership Summit
- \$40 off the Full Conference or Leadership Summit for individuals registered as a group with 3 or more

Military Members (active duty and veterans):

- \$50 off the Full Conference or Leadership Summit

10. AORN Foundation

Please accept my tax deductible donation to the AORN Foundation (suggested donation of \$25, \$50, \$100, or designate an amount)

\$

Promo Code:

Discount Amount

Total Amount Due (add pages 2-4): \$

11. Safety Policy (Required)

I agree to abide by all AORN and Henry B. González Convention Center safety protocols, follow applicable safety precautions, and, by attending AORN Expo, I am voluntarily assuming all risks related to COVID-19.

12. Method of Payment

- Check enclosed, payable to: AORN (Non-US members must remit bank draft in US dollars drawn from a bank with US affiliate.)
- Credit Card: please see next page for instructions.

Cancellation Policies:

- AORN Foundation donations are non-refundable.
- Cancellations for AORN Global Surgical Conference & Expo and Leadership Summit must be received in writing before April 1, 2023 to be eligible for a full refund.
- No one under the age of 16 is allowed in the Expo Hall.

By attending AORN Global Surgical Conference & Expo, all attendees, exhibiting companies and personnel automatically provide their approval for AORN and its affiliates to use their likeness and/or quotes in any publications, web site(s), and marketing/promotional materials. By providing your information to AORN, and registering for this event, you consent to our Privacy Policy which can be viewed at www.aorn.org/privacy-policy and to the cancellation policies at the end of this form.

English is the official language of the conference.

**CREDIT CARD PAYMENT WILL ONLY BE ACCEPTED VIA FAX, MAIL, OR BY PHONE.
EMAIL SUBMISSIONS WILL NOT BE ACCEPTED.**

Credit Card Type:

Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____ CW: _____

Credit Card Holder Name: _____

Signature: _____

Purchasing Agent Name (if different from credit card holder): _____ Phone: _____

Purchasing Agent email address: _____

Total Amount Paid \$: _____

MAIL ORDER FORM:

AORN Expo Registration
Dept #13801
PO Box 30106
Salt Lake City, UT 84130-0106

QUESTIONS?

Contact Experience Services
US Phone: 1-800-755-2676
International Phone: 303-755-6300