



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

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

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

Category	Membership Dues (non-transferable and non-refundable)					Chapter Designation			Amount Due
	1-year	2-year	3-year	Lifetime	AORN/APSNA (Chapter not included)	Chapter # (Free)	Assign me to a local chapter (Free)	Additional Chapter (\$20)	
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	#	
Periop 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 Periop 101 students. \$99 renewal rate is valid within two years of Periop 101 program.

5. Full Conference Pass

	Early Bird Rates Register by February 22, 2023	Standard Rates	Amount Due
Novice Nurse Member *New to Profession and Periop 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, CHs not included	\$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
Virtual Pass Member	n/a	\$199	\$
Virtual Pass Non-Member	n/a	\$375	\$

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

<input type="checkbox"/> Please accept my tax deductible donation to the AORN Foundation (suggested donation of \$25, \$50, \$100, or designate an amount)	\$
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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: _____ CVV: _____

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