



Group Discounts are available! Use the VIP Codes below.

Save 10% on 3–4 registrants: **GROUP10**

Save 15% on 5–7 registrants: **GROUP15**

Save 20% on 8+ registrants: **GROUP20**

Discount Code:

1. CONTACT INFORMATION (Required to confirm registration)

Name _____

Title _____

Credentials _____

Facility _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone _____ Ext _____

Cell Phone _____ Email _____

SUBMIT YOUR REGISTRATION

Mail this completed form to:

OR Business Management Summit
PO box 775986
Chicago, IL 60677-5986



Email this form to clientservices@accessintel.com



For questions, please call **1-888-707-5814** or email clientservices@accessintel.com

2. REGISTRATION & FEES

☐ Premier Pass

The Premier Pass grants you access to the pre-conference workshop, all conference sessions, table tops, breakfasts and lunches, networking receptions, 1 ticket to Off-The-Clock event, 1-year Premium subscription to OR Manager, and all session recordings.

☐ All Access Pass

The All-Access Pass grants you access to the pre-conference workshop, all conference sessions, table tops, breakfasts and lunches, and networking reception.

☐ Conference Pass

The Conference Pass gives you access to all conference sessions, table tops, breakfasts and lunches, and networking reception.

Loyalty Rate Ends 08/22	Early Bird Rate Ends 10/31	Advanced Rate ends 01/09	Regular/ Onsite Rate Starts 01/10
\$1,245	\$1,345	\$1,545	\$1,645
\$1,095	\$1,195	\$1,395	\$1,495
\$925	\$1,025	\$1,225	\$1,345

3. ADD-ON ITEMS

☐ One year, complimentary Plus subscription to OR Manager*—FREE

*Must be an OR leader with management responsibilities from a health system.

☐ Premium Subscription to OR Manager—\$229 *INCLUDED WITH PREMIER PASS.

Receive a year-long subscription to OR Manager! You'll have an opportunity to earn 3 CEs per issue, access all OR Manager archives, earn discounts on future events, exclusive content, the OR am daily eLetter, and full website access!

4. PAYMENT INFORMATION

☐ Check Enclosed ☐ PO/Bill Me

☐ Credit Card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit card payments will be reflected as Access Intelligence

Access Intelligence Federal Tax ID#: 52-2270063

Card Number _____

Signature _____

Expiration Date _____ CVC # _____

Name as Shown on Card _____



5. CREATE YOUR PROFILE

1. How many years have you attended the OR Business Management Summit?

- ☐ First Time Attendee
 ☐ 2 years
 ☐ 4 years
 ☐ 3 years
 ☐ 5 or more years

2. What best describes where you are employed?

- ☐ Academic Hospital
 ☐ Community Hospital
☐ Ambulatory Surgery Center (Free-standing, hospital- or health system-affiliated)
 ☐ Critical Access Hospital
☐ Ambulatory Surgery Center (Free-standing, independent or physician-owned)
 ☐ Manufacturer/Vendor
☐ Ambulatory Surgery Center (HOPD/In-hospital)
 ☐ Military/Government/VA Hospital
☐ Children's Hospital
 ☐ Rural Hospital
☐ Tertiary Hospital
☐ Other _____

3. Number of operating rooms in your facility

- ☐ 1-4
 ☐ 26-50
☐ 5-7
 ☐ 51-75
☐ 8-10
 ☐ 76-100
☐ 11-15
 ☐ 101 or more
☐ 16-25
 ☐ N/A

4. How would you classify the type/size of facility you work in?

- ☐ Large Hospital System
 ☐ Free-standing, hospital- or health system-affiliated
☐ Small-Medium Hospital System
 ☐ Free-standing, independent or physician-owned
☐ Ambulatory Surgery Center
 ☐ HOPD/In-hospital
☐ Options under ASC:

5. Which best describes your professional title?

- ☐ Administrator
 ☐ Medical Director/Chief Surgeon
☐ Anesthesiologist/Nurse Anesthetist
 ☐ OR Manager/Supervisor
☐ Business Manager/Director
 ☐ Owner/Executive Officer
☐ Chief Nursing Officer/Director of Nursing/Nurse Leader/Charge Nurse
 ☐ PreOp/PACU Manager/Director
☐ Chief Operating Officer/Director of Operations
 ☐ Purchasing/Procurement
☐ Clinical Manager/Director
 ☐ Recruiter
☐ Consultant
 ☐ Sterile Processing Coordinator/Manager
☐ Data Analyst
 ☐ Student/Intern
☐ Director of Surgical Services/Director of Perioperative Services/OR Director
 ☐ Supply Chain Management
☐ Educator/Staff Development/Professor
 ☐ Surgical Technologist
☐ Vice President

6. What is your current job level?

- ☐ C-Level/Executive/President/Owner
 ☐ Student/Intern
☐ Coordinator
 ☐ SVP/VP/AVP
☐ Director/Assistant Director
 ☐ Other _____
☐ Manager/Supervisor/Charge/Lead

7. What is your role in purchasing new products and services at your institution? (Please check all that apply.)

- ☐ Final decision-making authority
 ☐ Specify suppliers to evaluate
☐ Member of purchasing/evaluation committee
 ☐ I do not play a role in the purchasing process
☐ Recommend new products

8. Which product areas are you most interested in learning more about in the next 12 months? (Please check all that apply.)

- ☐ Aesthetic Medicine/Pharmaceuticals
 ☐ OR Tables
☐ Anesthesia
 ☐ Orthopedic Instruments
☐ Asset Tracking/RFID
 ☐ Patient Safety
☐ Billing
 ☐ Positioning
☐ Capital Equipment
 ☐ Recruiting
☐ Career/Staffing/Recruitment
 ☐ Robotics
☐ Cleaning/Sterilization
 ☐ Smoke Evacuation Systems
☐ Education
 ☐ Sterile Processing Equipment
☐ Fluid Management Systems
 ☐ Surgical Lights
☐ Furniture
 ☐ Surgical Navigation Support
☐ Infection Control/Prevention
 ☐ Surgical Tools
☐ Instrumentation
 ☐ Uniforms/Personal Protective Equipment
☐ IT/Software/Hardware
 ☐ Wound Care Products
☐ Laparoscopic Instruments
 ☐ Other _____
☐ Monitors/Cameras/Video Devices
☐ OR Equipment Boom/Pendants

9. How did you hear about the conference?

- ☐ Email
 ☐ Print Advertisement
☐ Friend or Colleague
 ☐ OR Manager Publication
☐ Referred by Speaker
 ☐ Brochure or Postcard
☐ Web Advertisement
 ☐ Other _____
☐ Website

10. Do you have any special needs, requests or food allergies?

REGISTRATION TERMS AND CONDITIONS

CANCELLATIONS & REFUNDS: Cancellations must be made in writing, non-payment or non-attendance does not constitute cancellation. Cancellations received prior to December 19, 2025 will receive a refund minus a \$600 cancellation fee (per attendee). No refunds will be granted after December 19, 2025. Any refunds due to registrant error will be subject to a fee of \$199. If for any reason, Access Intelligence decides to cancel or postpone this conference, Access Intelligence is not responsible for covering airfare and other travel costs incurred by the clients. No refunds will be issued for OR Business Management Summit's Off-the-Clock tickets.

QUALIFICATION: Premier, All-Access, and Conference passes are reserved for healthcare professionals representing a health system or facility. Manufacturer and vendor representatives do not qualify and must be an exhibitor or sponsor to attend. Access Intelligence reserves the right to cancel registrations for unqualified individuals. All cancellations are subject to the \$199 processing fee.

AGE POLICY: No one under the age of 21 is permitted to register for or attend OR Business Management Summit 2026.

SUBSTITUTION/REPRINT POLICY: Registrations can be altered and edited up until the badge is printed. Access Intelligence recognizes the information in the registration system, NOT the confirmation e-mail, as the most current and valid information. Substitution may be made until February 2, 2026 for the confirmed registrants. Substitutions will not be allowed onsite at the 2026 OR Business Management Summit. Notice of substitution must be made in writing by the original registrant to info@orbusinessmanagementsummit.com or: OR Business Management Summit 2026, Attn: Registration 9211 Corporate Blvd., 4th Floor, Rockville, MD, 20850. *There will be a charge of \$25 for badge reprints onsite.

PHOTOGRAPHY/VIDEOGRAPHY RELEASE: By attending OR Business Management Summit, you are entering an area where photography, audio, and video recording will occur. Your entry and presence at the event constitute your consent to be photographed, filmed, and/or otherwise recorded. Your entry and presence also constitute consent to the release, publication, exhibition, or reproduction of any and all recorded media of your appearance, voice, and name in perpetuity for any purpose whatsoever in connection with Access Intelligence, including use on websites and as part of social media, news, advertising, or any other initiative.

By entering the event premises, you waive and release any claims related to the use of recorded media of you at the event, including but not limited to a right to inspect or approve the photo, video, or audio recording of you; claims for invasion of privacy, violation of the right of publicity, defamation, or copyright infringement; and fees for the use of such recorded media.