



Online:
www.iahcsmm.org/fresh

Email:
conference@iahcsmm.org



Mail or Fax:
IAHCSMM
55 West Wacker Drive
Suite 501
Chicago, IL 60601 USA
(fax) 312.440.9474

1. ATTENDEE INFORMATION

First Name	Last Name	Name to Appear on Badge	IAHCSMM ID Number (if applicable)	
Home Street Address	Home City	Home State/Province	Home Zip/Postal	Home Country
Work Facility Name	Work Street Address	Work City	Work State/Province	Work Zip/Postal
Job Title	Certifications/Degrees	Work Phone	Work Email (used for confirmations)	

Do you have any dietary restrictions? (check all that apply)
**Please note: IAHCSMM will do its best to meet your needs.*

Gluten Free Vegetarian Dairy Free

Do you have any ADA requirements? No Yes If Yes, please specify: _____

What is your profession specialty?

Technician Team Lead Coordinator Supervisor Manager Director Nurse Educator Other: _____

Are you certified with, or a member of, any of the following? IAHCSMM CBSPD AORN AST APIC SGNA

Are you a first-time attendee? No Yes

Are you currently on active military duty? No Yes

Are you interested in participating in vendor-led focus groups during the conference? No Yes

How did you hear about the conference? (check all that apply) Word of Mouth Website Email Print Ads Social Media

In case of Emergency during the Conference, please provide an emergency contact:

First Name	Last Name	Contact Phone	Contact Email
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2. FEES

Pre-Conference Community Connection	Friday, April 26	1:30pm - 4:30pm	\$0	<input type="checkbox"/>
Pre-Conference AM Events	Saturday, April 27	8:00am - 12:00pm		
A Fresh Look at CS Management	\$89	<input type="checkbox"/>		
Strength Finders Workshop	\$89	<input type="checkbox"/>		
Pre-Conference Educators Forum	Saturday, April 27	11:00am - 4:30pm	\$75	<input type="checkbox"/>
Pre-Conference PM Events	Saturday, April 27	1:00pm - 5:00pm		
A Fresh Look at CS Management	\$89	<input type="checkbox"/>		
Strength Finders Workshop	\$89	<input type="checkbox"/>		
Full Conference (Includes All Dates)	Sunday, April 28 - Wednesday, May 1			
Member Rate (thru December 31)	\$395	<input type="checkbox"/>		
Member Rate (January 1 - April 19)	\$495	<input type="checkbox"/>		
Member Rate (April 27 - May 1)	\$695	<input type="checkbox"/>		
Non-Member Rate (thru December 31)	\$495	<input type="checkbox"/>		
Non-Member Rate (January 1 - April 19)	\$595	<input type="checkbox"/>		
Non-Member Rate (April 27 - May 1)	\$695	<input type="checkbox"/>		
Full Conference (Single Day Rates)	Sunday, April 28 - Wednesday, May 1			
Member Rate (thru December 31)	\$200 each	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed		
Member Rate (January 1 - April 19)	\$225 each	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed		
Member Rate (April 27 - May 1)	\$275 each	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed		
Non-Member Rate (thru December 31)	\$225 each	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed		
Non-Member Rate (January 1 - April 19)	\$250 each	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed		
Non-Member Rate (April 27 - May 1)	\$275 each	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed		
Guest Pass (includes social events; does not include CE credit/conference materials)				
Rate (thru May 1)	\$150 each	# of Guests: _____	Name(s) of Guest(s): _____	

3. PAYMENT

- I would like to make a donation to the IAHCSSM Foundation: \$ _____
- Check enclosed, payable to IAHCSSM.
- Charge my credit card the following amount: \$ _____

Credit Card Number	Expiration Date	CVV2 Number	Billing Zip Code
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Printed Name of Card Holder	Signature of Card Holder	Email for Receipt
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(All fees are in US Dollars)

**By submitting this registration form, you agree to the 2019 IAHCSSM Conference Policies and Procedures, as listed below:*

REGISTRATION FEE INCLUSIONS

Each full registration fee includes access to all learning activities Sunday, April 28, 2019 through Wednesday, May 1, 2019, admission to the IAHCSSM 2019 Expo, lunches and evening social events. (Pre-Conference activities taking place Saturday, April 27, 2019, are limited to a first-come-first-served basis, and may require an additional fee.) Single day registrations include access to all learning activities and social events for the date of purchase.

CONFIRMATION

For all registrations received, a confirmation will be **emailed to the address supplied on the registration form**. Please allow 2-3 business days for your e-mail confirmation. If you have not received a confirmation email within 10 business days after registering, please contact conference@iahcssm.org. (Please Note: Information will not be mailed to you.)

BADGES

All badges for registrants will include First and Last Name, Place of Employment, City, State and Country. In addition, any currently held IAHCSSM certifications, additional certifications, and designated degrees will be listed, as provided by the attendee. Each badge will include a barcode with your employment contact information, and this information can be given to exhibitors of your choice by scanning the barcode during the expo. Badges must be worn at all times for admittance to any educational session, social event or the expo. **All badges are picked up on-site.**

DIRECTORY OF ATTENDEES

IAHCSSM must receive your registration no later than April 11, 2019 to be listed in the official Attendee Directory, which will be **available online during the conference.**

PAYMENT

Payment in full is required in order to process registrations. We welcome payments in the form of check, money order, American Express, Visa, Discover and MasterCard. IAHCSSM regrets that purchase orders are not accepted as form of payment.

SUBSTITUTION POLICY

Substitution of registration is permitted prior to the conference, and transfers of registration must be received in writing no later than April 19, 2019. The individual submitting the substitution request is responsible for any balance due associated with the substitution as well as updating any contact information for the Directory of Attendees.

CANCELLATION/REFUND POLICY

All registration cancellations and refund requests must be made in writing and received no later than April 19, 2019. A refund of the conference fee, minus a \$50 cancellation fee, will be given for cancellations received by that date. No refunds will be granted for requests received after April 29, 2019. Submit all cancellations to conference@iahcssm.org. Refunds will not be given for no-shows.

CONFERENCE UPDATE NOTIFICATIONS

Please be aware that by registering, you accept to receive periodic emails and mailings from exhibiting vendors and sponsors, directly related to exhibits and social events for the 2019 IAHCSSM Annual Conference and Expo.

CONSENT OF USE

Registration and attendance at, or participation in, IAHCSSM conferences and other activities constitutes an agreement by the registrant to IAHCSSM's use and distribution (both now and in the future) of the registrant or attendee's image or voice in photographs, video and audio tapes of such events and activities.