



Online:
www.aorn.org/surgicalexpo

Three Easy Ways to Register:



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

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. _____

Job Title _____

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

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 \$175 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	#	
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.

	Standard Rates	Amount Due
Virtual Pass Member	\$199	\$
Virtual Pass Non-Member	\$375	\$

5. 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 \$

6. 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:

- Virtual Pass registration and AORN Foundation donations are non-refundable.

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