



June 4–7, 2021
Charlotte, NC

Register Early and Save!

CONFERENCE REGISTRATION

Register online at www.AAMIExchange.org or by phone at 1-800-373-3174

Full name _____
 Nickname for badge _____
 Title/Department _____
 Organization _____
 Address _____
 City/State/Zip _____
 Country (if other than USA) _____
 Phone _____
 E-mail _____
 Special needs (accessibility, dietary, etc.): _____
 I am a first-time AAMI Exchange attendee.

Registrant Profile

1. I work for a (check one box only):

- | | |
|---|---|
| <input type="checkbox"/> College or University | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Independent Service Organization |
| <input type="checkbox"/> Dialysis Center | <input type="checkbox"/> Medical Device Manufacturer |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Professional Organization |
| <input type="checkbox"/> Home Healthcare Organization | <input type="checkbox"/> Other _____ |

2. Job Function (check one box only):

- | | |
|--|--|
| <input type="checkbox"/> Asset Manager | <input type="checkbox"/> IT Specialist |
| <input type="checkbox"/> Biomed/CE Department Manager | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Biomedical Engineer | <input type="checkbox"/> Physician/Surgeon |
| <input type="checkbox"/> Biomedical Equipment Technician | <input type="checkbox"/> Quality Assurance |
| <input type="checkbox"/> Clinical Engineer | <input type="checkbox"/> Risk Manager |
| <input type="checkbox"/> CEO/President/Exec Director | <input type="checkbox"/> Student |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Educator | |

3. I am currently involved, directly or indirectly, in annual medical-device purchases of (check one box only):

- | | |
|--|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$200,001–\$500,000 |
| <input type="checkbox"/> \$10,001–\$50,000 | <input type="checkbox"/> \$500,001–1,000,000 |
| <input type="checkbox"/> \$50,001–\$100,000 | <input type="checkbox"/> \$1,000,001–\$2,000,000 |
| <input type="checkbox"/> \$100,001–\$150,000 | <input type="checkbox"/> Over \$2,000,000 |
| <input type="checkbox"/> \$150,001–\$200,000 | |

4. I give AAMI permission to share my information and email address with exhibitors (check one box only).

- Yes
 No

5. I am willing to give a video testimonial for AAMI at the conference.

- Yes
 No

- Government Employee/Active Military registrants** must provide a valid U.S. federal government employee or military ID upon arrival at the AAMI Exchange 2021 registration desk.
- Full-Time Student registrants** will be required to present their valid student ID upon arrival at the AAMI Exchange 2021 registration desk.
- Team rates** apply when five or more full-conference paid registrations (excluding students). To be eligible to receive this discount all individuals must be employees of the same company and at the same address.
- Requests for refunds** must be received by Wednesday, April 28, 2021, and are subject to a \$75 administrative fee. No refunds will be issued for requests received after this date. Refunds will not be issued for “no-shows.”

Registration Fees

Full-Conference Registration

	Early Jan. 1– April 2	Late April 3– June 7
<input type="checkbox"/> AAMI Member	\$750	\$950
Member of (check one organization):		
<input type="checkbox"/> ACCE <input type="checkbox"/> JSMI.....	\$750	\$950
<input type="checkbox"/> Nonmember	\$950	\$1150
<input type="checkbox"/> U.S. Federal Government Employee/ Active Military ¹	\$375	\$475
<input type="checkbox"/> Full-Time Student (student ID required) ²	\$75	\$125

Team Rates (per person):

<input type="checkbox"/> AAMI Member in team of five or more ³	\$640	\$825
<input type="checkbox"/> Nonmember in team of five or more ³	\$810	\$995

One-Day Registration

<input type="checkbox"/> AAMI Member	\$400	\$500
Member of (check one organization):		
<input type="checkbox"/> ACCE <input type="checkbox"/> JSMI.....	\$400	\$500
<input type="checkbox"/> Nonmember	\$500	\$600
<input type="checkbox"/> Indicate date of your registration:		
<input type="checkbox"/> Sat, June 5 <input type="checkbox"/> Sun, June 6		
<input type="checkbox"/> Mon, June 7		

Expo-Only Registration

<input type="checkbox"/> Expo Plus Registrant – Member*	\$50	\$75
<input type="checkbox"/> Expo Plus Registrant – Non-Member*	\$75	\$100
*Includes Expo Hall and Career Center on Saturday & Sunday, plus Main Stage Presentation		
<input type="checkbox"/> Expo Only One-Day Registrant	Free	Free
Includes Expo Hall only for one of the following days (check one):		
<input type="checkbox"/> Sat, June 5 <input type="checkbox"/> Sun, June 6		

RSVP:

- AAMI's Appreciation Reception..... Sunday, June 6

Payment Method

Total Amount Due \$ _____

- Check is enclosed, made payable to AAMI.
 Check must be in U.S. funds drawn on a U.S. bank.
 Charge my: VISA MasterCard AMEX

Card # _____

Exp. Date _____ CVV # _____

Card Billing Address, City, State, Zip Code: _____

Cardholders Signature _____

Mail this form to:
 AAMI Exchange 2021 Registrar
 PO Box 0211
 Annapolis Junction, MD 20701-0211

Fax: 240-396-5781
Phone: 800-373-3174