

CONFERENCE REGISTRATION

Register online at www.AAMleXchange.org

First Name _____
 Last Name _____
 Title/Department _____
 Organization _____
 Business Address _____

 City/State/Zip _____
 Country (if other than USA) _____
 Business 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"/> Active Military | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> CMMS Vendor | <input type="checkbox"/> Medical Device Manufacturer |
| <input type="checkbox"/> College or University | <input type="checkbox"/> Professional Organization |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Outsourced HTM Department |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Other _____ |

2. Job Function (check one box only):

- | | |
|---|--|
| <input type="checkbox"/> Biomedical Engineer | <input type="checkbox"/> IT |
| <input type="checkbox"/> Biomedical Technician | <input type="checkbox"/> Medical Device Cybersecurity Professional |
| <input type="checkbox"/> Clinical Engineer | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> CEO/President/Executive Director | <input type="checkbox"/> Physician/Surgeon |
| <input type="checkbox"/> CISO/CTO/CIO | <input type="checkbox"/> Sterilization Professional |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Student |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> HTM/CE Director | |
| <input type="checkbox"/> HTM/CE Supervisor/Manager | |

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"/> \$250,001–\$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–\$250,000 | <input type="checkbox"/> Over \$2,000,000 |

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

- ☐ 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 2024 registration desk. Must use a .mil or .gov email address when registering to qualify for the rate.
- Full-Time Student registrants** will be required to present their valid student ID upon arrival at the AAMI eXchange 2024 registration desk. Must use a .edu email address when registering to qualify for the rate.
- 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 Friday, May 3, 2024, and are subject to a 10% administration fee of the total cost paid. No refunds will be issued for requests received after this date. Refunds will not be issued for “no-shows.”
- Recording/Videotaping Policy and Photo Release** AAMI intends to take photographs and/or videos of the event for the use in future AAMI promotional material, including the AAMI website. By participating in this event, I grant AAMI the right to use any image, photograph, or my voice in its future promotional materials and publicity efforts.

Mail, email or fax form to:
 AAMI eXchange 2024 Registrar
 901 N. Glebe Rd, Ste 300
 Arlington, VA 22203

Fax: 703-276-0793
Phone: 703-525-4890
Email: exchange@aami.org

Registration Fees

Full-Conference Registration

	Early Jan.– Apr. 5	Regular Apr. 6– Jun. 17
<input type="checkbox"/> AAMI Member	\$799	\$899
Member of (check one organization):		
<input type="checkbox"/> ACCE <input type="checkbox"/> JSMI	\$799	\$899
<input type="checkbox"/> Non-Member	\$999	\$1120
<input type="checkbox"/> U.S. Federal Government Employee/ Active Military ¹	\$450	\$550
<input type="checkbox"/> Full-Time Student (student ID required) ²	\$125	\$150
Team Rates (per person):		
<input type="checkbox"/> AAMI Member in team of five or more ³	\$680	\$765
<input type="checkbox"/> Non-Member in team of five or more ³	\$849	\$935

One-Day Registration

	Sat-Sun/Mon	Sat-Sun/Mon
<input type="checkbox"/> AAMI Member	\$450/\$250	\$500/\$300
Member of (check one organization):		
<input type="checkbox"/> ACCE <input type="checkbox"/> JSMI	\$450/250	\$500/300
<input type="checkbox"/> Non-Member	\$550/350	\$600/400
Indicate date of your registration:		
<input type="checkbox"/> Sat., Jun. 15 <input type="checkbox"/> Sun., Jun. 16 <input type="checkbox"/> Mon., Jun. 17		
	(\$200 off for Mon.)	

Expo Plus Registration

<input type="checkbox"/> AAMI Member*	\$100	\$120
<input type="checkbox"/> Non-Member*	\$120	\$140

Expo Only One-Day Registration

<input type="checkbox"/> AAMI Member*	\$50	\$60
<input type="checkbox"/> Non-Member*	\$75	\$85

*Includes only Expo Hall for Saturday & Sunday

Yourself or Guest Add-on Receptions:

<input type="checkbox"/> Opening Reception, Fri., Jun. 14	\$50	\$50
<input type="checkbox"/> AAMI PARTY, Sat., Jun. 15	\$50	\$50
<input type="checkbox"/> Closing Reception, Sun., Jun. 16	\$50	\$50
<input type="checkbox"/> Guest Name: _____		
<input type="checkbox"/> Guest Name: _____		

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 ☐ Discover

Card # _____

Exp. Date _____ CVV # _____

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

Cardholders Name _____

Cardholders Signature _____