

4TH INTERNATIONAL CLINICAL ENGINEERING AND HEALTH TECHNOLOGY MANAGEMENT CONGRESS

September 28–29, 2021 | Lake Buena Vista, FL, USA | Hosted by **AAMI**

REGISTRATION INFORMATION AND FEES

	Early Until June 15	Regular After June 15
Member*	\$275 USD	\$350 USD
Non-Member	\$300 USD	\$375 USD
Student	\$150 USD	\$175 USD
Lower-Middle and Low Income Countries**	\$150 USD	\$175 USD

* Member is defined as an individual who is a current member of an affiliated society of AAMI or IFMBE.

** For a list of Lower-Middle and Low Income countries, visit the World Bank website [HERE](#). The lists are provided according to the World Bank; the term country, used interchangeably with economy, does not imply political independence, but refers to any territory for which authorities report separate social or economic statistics.

Grants for Young Participants

To facilitate the participation of young attendees coming to ICEHTMC from outside of the U.S.A., the Organizing Committee is providing limited grants for two nights of hotel (September 28–29 in shared rooms of 2–3 people) for international participants under 35 years old.

The requirements to apply and request a grant are:

- To reside outside of the U.S.A.
- Be less than 35 years old on the 1st day of the ICEHTMC Congress, September 28, 2021.

Indication your interest on-line in the registration process or on the paper form. The grants are assigned to eligible requesters following the order of registration.

The results of the grants assignment will be notified before the end of June 2021 to all applicants.

Letter of Invitation

To assist international attendees in obtaining a visa, AAMI will issue letters of invitation. To obtain a letter of invitation you must first register for the meeting and pay all registration fees in full (if you are denied a visa, you will be refunded in full). No letters will be issued without confirmation of a paid conference registration. Please send requests, including complete mailing address and registration receipt, to ICEHTMC@aami.org. A letter of invitation will be emailed to you on AAMI letterhead. For additional information on obtaining a visa, visit the [U.S Department of State website](#).

Full Conference Registration Includes:

- Education Sessions
- Exhibit Hall
- Poster Area & Presentations
- Lunch & Refreshment Breaks (Tuesday & Wednesday)
- Reception (Monday and Wednesday)
- Congress Materials
- Certificate of Attendance

How to Register

You can register online [HERE](#).



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CONGRESS REGISTRATION FORM

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.): _____

Registrant Profile

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

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

2. Job Function (check one box only):

- | | |
|--|--|
| <input type="checkbox"/> Biomed/CE Department Manager | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Biomedical Engineer | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Biomedical Equipment Technician | <input type="checkbox"/> Student Undergrad |
| <input type="checkbox"/> Clinical Engineer | <input type="checkbox"/> Student Graduate |
| <input type="checkbox"/> CEO/President/Exec Director | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Consultant | |

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

- Yes
 No

Congress Registration Form

	Early Until June 15	Regular After June 15
<input type="checkbox"/> AAMI	\$275 USD	\$350 USD
<input type="checkbox"/> Non-Member.....	\$300 USD	\$375 USD
<input type="checkbox"/> Full-Time Student (student ID required) ¹	\$150 USD	\$175 USD
<input type="checkbox"/> Lower-Middle & Low Income Countries	\$150 USD	\$175 USD

RSVP:

- Welcome Reception, Monday, September 27 Included with registration
- Reception on Tuesday, September 28 ____ qty. @ \$100 each \$ _____
- Closing Reception, Wednesday, September 29 Included with registration
- Guest Registration Fee (includes Monday and Wednesday evening receptions) ____ qty. @ \$50 each \$ _____

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 Signature² _____

By signing above, you agree to pay the total amount due and have read the request for refunds policy.

1) **Full-Time Student registrants** will be required to present their valid student ID upon arrival at the registration desk.

2) **Requests for refunds** must be received by Wednesday, August 5, 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."

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

Fax: 703-276-0793
Phone: 1-800-373-3174
Email: customerservice@aami.org