



2018/2019 Educational Webinar Series Registration Form (for participants from US/Canada and countries in column 1-[rate table](#))

Fax form to: (480) 247-5040

Or Mail to: Suly Chi, ACCE, 5200 Butler Pike, Plymouth Meeting, PA 19462-1298

Or Email to: Secretariat@accenet.org

Complete Series_ single log-in	<input type="checkbox"/>	ACCE Member: \$ 1,350.00/series	<input type="checkbox"/>	Non-Member: \$ 1,750.00/series
Complete Series_ 2 log-ins	<input type="checkbox"/>	ACCE Member: \$ 2,160.00/series	<input type="checkbox"/>	Non-Member: \$ 2,808.00/series
Complete Series_3 log-ins	<input type="checkbox"/>	ACCE Member: \$ 2,700.00/series	<input type="checkbox"/>	Non-Member: \$ 3,510.00/series
Single Session – single log-in	<input type="checkbox"/>	ACCE Member: \$ 150.00/Session	<input type="checkbox"/>	Non-Member: \$ 195.00/Session
Single Session - 2 log-ins	<input type="checkbox"/>	ACCE Member: \$ 240.00/Session	<input type="checkbox"/>	Non-Member: \$ 315.00/Session

√	Session Date	Session Title	√	Session Date	Session Title
	Sept 13, 2018	Security Patching for Medical Devices (including Vendor Approval Practices)		Feb 14, 2019	The Joint Commission Update
	Oct 11, 2018	FDA Update - Service Regulation		Mar 14, 2019	Focused Technology - emerging trends in various equipment categories
	Nov 8, 2018	Implementing a Program to Share User Experience Data for Medical Devices		Apr 11, 2019	Service Contracts vs. In-Sourcing: Decision on Maintenance
	Dec 13, 2018	Project Management - Best Practices in Clinical Settings		May 9, 2019	Implementing an Effective Alternate Equipment Maintenance (AEM) Plan
	Jan 10, 2019	Staffing Models & Justification to Management		Jun 13, 2019	Best Practices for Capital Equipment Planning
# of sessions:			Total: _____		Sessions @ \$ _____ each = _____

Contact Name: _____
 Organization: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____
 ACCE Member's Name: _____

Payment Information

1- Check Payable to ACCE, check# _____ Total Amount Enclosed: _____
 2- Purchase Order: PO#: _____ Need e-invoice _____
 3- By Credit Card:
 Name on Credit Card: _____
 Credit Card Number: _____
 Exp. Date: _____ Security code (3/4 digits): _____ Billing Zip Code: _____
 Signature: _____