



**2020/2021 Educational Webinar Series Registration Form** (for participants from US/Canada and countries in column 1-[rate table](#))

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

Or Email to: [Secretariat@accenet.org](mailto:Secretariat@accenet.org)

**Complete Series \_ single log-in**

ACCE Member: \$ 1,350.00/series

Non-Member: \$ 1,750.00/series

**Complete Series \_ 2 log-ins**

ACCE Member: \$ 2,160.00/series

Non-Member: \$ 2,808.00/series

**Complete Series \_ 3 log-ins**

ACCE Member: \$ 2,700.00/series

Non-Member: \$ 3,510.00/series

**Single Session \_ single log-in**

ACCE Member: \$ 150.00/Session

Non-Member: \$ 195.00/Session

**Single Session \_ 2 log-ins**

ACCE Member: \$ 240.00/Session

Non-Member: \$ 315.00/Session

√	Session Date	Session Title	√	Session Date	Session Title
	Sept 10, 2020	Telehealth – COVID Mass Development and the future of Healthcare		Feb 11, 2021*	The Joint Commission Update
	Oct 08, 2020	Incident Investigation and appropriate cleaning for Medical Equipment		Mar 11, 2021	Transitioning culture, the change to CE-IT
	Nov 12, 2020	Budgeting in a Crisis		Apr 8, 2021	Device Integration API improved workflow and the joint IHE-HL7 Gemini Project
	Dec 10, 2020	AEM programs outside of CMS, using International AEM Model		May 13, 2021	Improved Hospital Sharing – Critical Equipment, information
	Jan 14, 2021	The Quantitative Security Review, using internal data to assess risk		Jun 10, 2021	Detailed discussion and benefits of various certifications expanding into cybersecurity, IT, advantages based on career path
<b># of sessions:</b>			<b>Total:</b> _____		<b>Sessions @ \$ _____ each =</b> _____

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#: \_\_\_\_\_ or Need e-invoice for online payment \_\_\_\_\_

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Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security code (3/4 digits): \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_