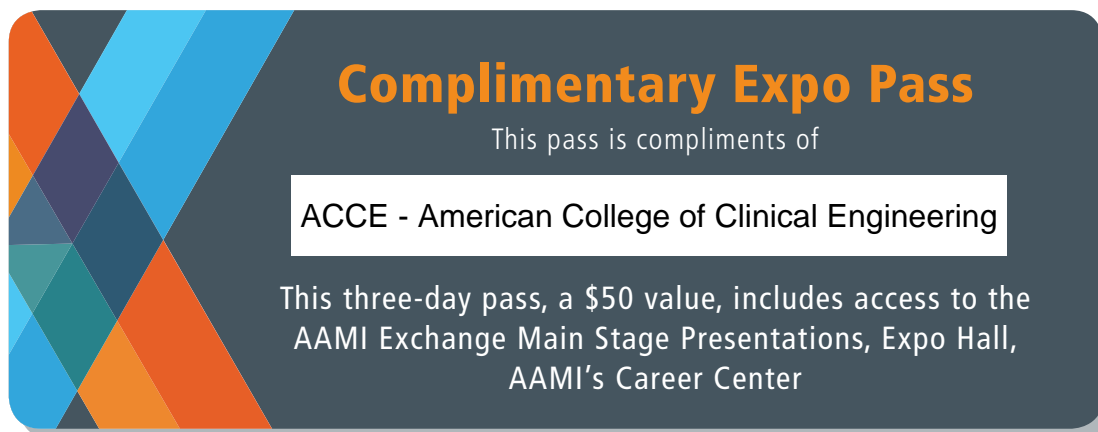


Come to the AAMI Exchange, June 7–10 in Cleveland, OH to discover new technologies that can improve your facility’s healthcare delivery and increase your own productivity and professional knowledge.

- ◆ Meet with representatives from more than 200 medical equipment manufacturers, including many of the world’s leading companies.
- ◆ Get a first-hand look at state-of-the-art technology, including wireless telemetry, monitoring devices, equipment management software, imaging equipment, and much more.
- ◆ See demonstrations of cutting-edge medical equipment in a full series of interactive Product Showcases—20-minute presentations by AAMI Exchange exhibitors, scheduled in the Expo Hall throughout the Expo hours.
- ◆ Network with more than 2,800 of your colleagues from across the nation and around the world.



Complimentary Expo Pass
This pass is compliments of

ACCE - American College of Clinical Engineering

This three-day pass, a \$50 value, includes access to the AAMI Exchange Main Stage Presentations, Expo Hall, AAMI’s Career Center

For the Schedule of Events, [click here](#).

Three Easy Ways to Register

1 Online: www.aami.org/aamiexchange

Select “Expo Plus” registration option for \$50. Enter the coupon code and the cost will be updated to zero.

2 Phone: 1-800-373-3174

Request “Expo Plus” registration and mention the coupon code.

3 On-site at the AAMI Exchange Registration Desk

Bring this pass with you to the Exchange (Huntington Convention Center). When you arrive, complete a registration form and present a copy of this pass at the registration desk to receive your name badge.

Expo Plus registration does not include admission to the symposia and educational sessions. For details on how to register for the full conference, visit www.aami.org/aamiexchange.

**Use Coupon
Code: EXFM19**

CONFERENCE REGISTRATION

Register online at www.aami.org/aamiexchange 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"/> Hospital 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"/> 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"/> Supply Chain |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Other _____ |

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

- Government Employee/Active Military registrants** must provide a valid U.S. federal government employee or military ID upon arrival at the AAMI Exchange 2019 registration desk.
- Full-Time Student registrants** will be required to present their valid student ID upon arrival at the AAMI Exchange 2019 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, May 1, 2019, 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

	By March 20	After March 20
<input type="checkbox"/> AAMI Member	\$750	\$850
Member of (check one organization):		
<input type="checkbox"/> ACCE <input type="checkbox"/> HIMSS <input type="checkbox"/> JSMI <input type="checkbox"/> HTM-OH	\$750	\$850
<input type="checkbox"/> Nonmember	\$950	\$1050
<input type="checkbox"/> U.S. Federal Government Employee/Active Military ¹	\$375	\$425
<input type="checkbox"/> Full-Time Student (student ID required) ²	\$75	\$75

Team Rates (per person):

<input type="checkbox"/> AAMI Member in team of five or more ³	\$640	\$725
<input type="checkbox"/> Nonmember in team of five or more ³	\$810	\$895

One-Day Registration

<input type="checkbox"/> AAMI Member	\$400	\$450
Member of (check one organization):		
<input type="checkbox"/> ACCE <input type="checkbox"/> HIMSS <input type="checkbox"/> JSMI <input type="checkbox"/> HTM-OH	\$400	\$450
<input type="checkbox"/> Nonmember	\$500	\$550
Indicate date of your registration:		
<input type="checkbox"/> Sat, June 8 <input type="checkbox"/> Sun, June 9 <input type="checkbox"/> Mon, June 10		

Expo-Only Registration

<input type="checkbox"/> Expo Plus Registrant Includes Expo Hall and Career Center on Saturday & Sunday, plus Main Stage Presentation	\$50	\$50
<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 8 <input type="checkbox"/> Sun, June 9		
<input type="checkbox"/> Fun Run & Walk	\$25	
Sunday, June 9		

RSVP:

<input type="checkbox"/> Global Forum	Friday, June 7
<input type="checkbox"/> Welcome Reception	Friday, June 7
<input type="checkbox"/> Awards Reception	Saturday, June 8
<input type="checkbox"/> Appreciation Reception	Sunday, June 9

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 _____

Signature _____

Mail this form to:

Fax: 240-396-5781

AAMI Exchange 2019 Registrar

PO Box 0211

Annapolis Junction, MD 20701-0211

Phone: 800-373-3174