

# Complimentary Expo Pass

(a \$55 value), compliments of:

## Replacement Parts Industries, Inc.

**This pass entitles you** to a free 3-day Expo Plus registration\* for the AAMI 2010 Expo, June 26–28, 2010, in Tampa, Florida — your one-stop source for information about the latest advances in medical technology.

Come and discover a wide range of new products and services from more than 175 leading medical device manufacturers and service providers. You'll also get access to the Product Showcases — a series of 20-minute interactive presentations by exhibiting companies. As an added bonus, you'll have the opportunity to attend two featured lectures by distinguished industry leaders and have access to the AAMI Career Center.

### Here's what this FREE Expo Pass enables you to attend:

#### SATURDAY, JUNE 26

- 8:00 am – 5:00 pm Career Center Open
- 12:30 pm – 1:30 pm Keynote Session: "Why Hospitals Should Fly", John J. Nance, JD
- 4:30 pm – 7:00 pm Expo Hall Open  
(Grand Opening Reception)
- 5:00 pm – 6:50 pm Product Showcases in Expo Hall

#### SUNDAY, JUNE 27

- 8:00 am – 5:00 pm Career Center Open
- 3:45 pm – 7:00 pm Expo Hall Open (Happy Hour)
- 4:00 pm – 6:50 pm Product Showcases in Expo Hall

#### MONDAY, JUNE 28

- 8:00 am – Noon Career Center Open
- 8:30 am – 9:30 am General Session: Communicating with the C-Suite, Anthony Montagnolo, ECR/
- 11:00 am – 2:30 pm Expo Hall Open
- 11:30 am – 2:20 pm Product Showcases in Expo Hall

For full descriptions of the exhibitors, product showcases, and lectures, visit [www.aami.org/expass](http://www.aami.org/expass).

\*Expo Plus registration does not include admission to symposia, educational sessions, or the awards luncheon. For details on how to register for the full conference, visit [www.aami.org/ac](http://www.aami.org/ac).

## HOW TO REGISTER

Pre-register by June 11, 2010\* via one of the following:

- 1) Register online at [www.aami.org/expass](http://www.aami.org/expass)
- 2) Call 800-373-3174 and mention coupon code EXFM
- 3) Mail or fax this completed form to the address or number below

\*If you can't pre-register by June 11, bring this completed form with you to the AAMI Onsite Registration Desk in the West Registration Lobby of the Tampa Convention Center. Registration opens June 26 at 7:00am.

## REGISTRANT INFORMATION

Name \_\_\_\_\_

Title/Department \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Country (if other than USA) \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

## REGISTRANT PROFILE

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

- |  |   |
|--|---|
| <input type="checkbox"/> Hospital (non-profit) | <input type="checkbox"/> Dialysis Center                  |
| <input type="checkbox"/> Hospital (for profit) | <input type="checkbox"/> Independent Service Organization |
| <input type="checkbox"/> Manufacturer          | <input type="checkbox"/> Consultant                       |
| <input type="checkbox"/> Government Agency     | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> College or University |   |

### 2. Job Function (check one box only):

- |  |  |
|--|--|
| <input type="checkbox"/> Asset Manager                   | <input type="checkbox"/> Consultant                          |
| <input type="checkbox"/> Biomedical Equipment Technician | <input type="checkbox"/> Imaging Equipment Specialist        |
| <input type="checkbox"/> Biomedical Engineer             | <input type="checkbox"/> Information Systems / IT Specialist |
| <input type="checkbox"/> Biomed/CE Department Manager    | <input type="checkbox"/> Nurse                               |
| <input type="checkbox"/> Clinical Engineer               | <input type="checkbox"/> Physician / Surgeon                 |
| <input type="checkbox"/> Administration                  | <input type="checkbox"/> Quality Assurance                   |
| <input type="checkbox"/> CEO / President / Exec Director | <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 |  |

## REGISTRATION TYPE

- ✓ Complimentary Expo Plus Registration  
Includes Exhibits, Product Showcases, and the Career Center for all three days, plus the Keynote Session and the General Session (a \$55 value) at no charge.

### Fax or Mail this form to:

AAMI 2010 Registrar  
PO Box 0211  
Annapolis Junction, MD 20701-0211  
Phone: 800-373-3174; Fax: 301-206-9789

