The Ohio Association of Ambulatory Surgery Centers

2023 ANNUAL EDUCATIONAL CONFERENCE FOR ASC PROFESSIONALS

Hilton Polaris, Columbus OH \circ Tuesday-Wednesday, September 19-20, 2023

| The | Early Bird Deadline | e is September 13, 2023 | | | | |
|--|-----------------------|---------------------------|---------------|------------|---------|----------|
| OA/ | ASC Member Full Co | onference (received on o | r before 09/ | 13/2023) | | \$325.00 |
| Nor | n-Member Full Conf | erence (received on or b | efore 09/13 | /2023) | | \$475.00 |
| OA | ASC Member Full Co | onference (received after | 09/13/2023 | 3) | | \$369.00 |
| | | erence (received after 09 | | | | • |
| OA | ASC Member One D | ay Only | | | | \$265.00 |
| | | Only | | | | |
| Eac | h Additional OAASC | Member Full Conference | e | | | \$245.00 |
| Eac | h Additional Non-M | ember Full Conference | | | | \$344.00 |
| Wa | lk-in Registrations a | are always welcome! | | | | |
| Name: | | (complete one form fo | | | | |
| Address: | | | | | | |
| City: | | State: _ | | Zip: _ | | |
| Daytime Phone: | () | | Fa | x: (|) | |
| Email: | | | | | | |
| Section 2: Sessior Fuesday, Septemb | | EASE SELECT ONE TRAC | e K | | | |
| | | | | | | |
| | Infection P | Admi | nistrative Tr | rack | | |
| | | - PLEASE SELECT ONE S | SESSION PE | R TIME SLO | | |
| Session | Time | Track A | | | Track B | |

1A: Live QAPI Demo

2A: What is Barrier

Management

1B: 2023 Regulatory Update

Resources/Staff Burnout

2B: Our 3 Most Precious

Breakout Session 1: 9/20

Breakout Session 2: 9/20

10:45 AM - 11:45 AM

1:00 PM - 2:00 PM

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| | n 3: Please select out materials: | one of the follo | owing formats to receive y | our FULL CONFERENCE general session and | | | | |
|-----------|--|-------------------|--|--|--|--|--|--|
| | bring the electron | ic copy with yo | = | ally the week prior to the conference. You may e notes or print them and bring them to the SUALLY VERY LARGE.) | | | | |
| | Receive a packet at the conference (There is an additional charge for hard copies - \$35) Packet: \$ | | | | | | | |
| Section | n 4: Conference Re | egistration Pay | ment | | | | | |
| | ling full conference | | Non-Member ☐ | | | | | |
| | OR | _ | _ | | | | | |
| Attend | ing only one day: | Member 🗌 | Non-Member | Registration Fee: \$ | | | | |
| | | Tuesday 🗌 | Wednesday | TOTAL DUE: \$ | | | | |
| | | | | CONFIRMED WITHOUT RECEIPT OF PAYMENT. | | | | |
| To Reg | 2) Mail regis | tration form wit | n credit card payment to: (th check to "OAASC" to: O d register electronically. | 6 14.467.2071 AASC, PO BOX 340225 Columbus, OH 43234-0225 | | | | |
| If payi | ng directly by credit | : card, please fi | ill out form below: | | | | | |
| Name o | n Card | | | | | | | |
| Credit ca | ard number, CVC cod | e, expiration dat | е | | | | | |
| Billing A | ddress | | | | | | | |
| Cardhol | der's signature and d | ate | | | | | | |
| | | Questions abo | ut registration? Call the C | PAASC Office at 614.358.0177 | | | | |