

Register Online at www.aami.org/events/exchange-25

First Name _____
 Last Name _____
 Title/Department _____
 Organization _____
 Business Address _____

 City/State/Zip _____
 Country (if other than USA) _____
 Business 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"/> Active Military | <input type="checkbox"/> Independent Service Organization |
| <input type="checkbox"/> CMMS Vendor | <input type="checkbox"/> Medical Device Manufacturer |
| <input type="checkbox"/> College or University | <input type="checkbox"/> Professional Organization |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Third Party Repairers |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Health Delivery Organization | |

2. Job Function (check one box only):

- | | |
|--|---|
| <input type="checkbox"/> Biomedical Engineer | <input type="checkbox"/> HTM Manager/Director/VP |
| <input type="checkbox"/> Biomedical Technician | <input type="checkbox"/> Imaging Technician |
| <input type="checkbox"/> Clinical Engineer | <input type="checkbox"/> IT Professional (including networking) |
| <input type="checkbox"/> Clinician (nurse, doctor, pharmacist) | <input type="checkbox"/> Sterilization |
| <input type="checkbox"/> C-Suite Level | <input type="checkbox"/> Student |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Support Staff (business development, sales, marketing) |
| <input type="checkbox"/> Cybersecurity Professional | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dental Technician | |
| <input type="checkbox"/> Educator | |

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"/> \$250,001 – \$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 – \$250,000 | <input type="checkbox"/> Over \$2,000,000 |

Policies

- Military/Government registrants** must be full time, active military/government and provide a valid U.S. federal or active military ID upon arrival at the AAMI eXchange registration desk. Must also use a .gov or .mil email address to qualify for the rate.
- Full-Time Student registrants** will be required to present their valid student ID upon arrival at the AAMI eXchange registration desk. Must also use a .edu email address to qualify for the rate.
- 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.

Cancellation Policy: cancellation of registration must be submitted in writing via email and must be dated on or before Friday, May 16, 2025, to receive a refund minus a 10% administration fee of the total cost paid. After Friday, May 16, 2025, no refunds will be granted. No refunds will be granted for no-shows. Cancellations must be submitted in writing to exchange@aami.org.

Substitution Policy: Replacement of a registered AAMI eXchange attendee by a business colleague/co-worker will be accepted. A \$50 USD processing fee will apply to all substitutions if notified in writing by Friday, May 30, 2025. If the original registrant was registered as an AAMI member, the new registrant must also be a member or join membership upon registering. After Friday, May 30, 2025, no substitutions will be allowed. Substitutions must be submitted in writing to exchange@aami.org.

Note: AAMI intends to take photographs and/or videos of the event for the use in future AAMI promotional material, including the AAMI website. By participating in this event, I grant AAMI the right to use any image, photograph, or my voice in its future promotional materials and publicity efforts. By participating in this event, you consent to allow exhibitors at the event to reach out to you with information about their products or services via email.

Mail, email or fax form to:
 AAMI eXchange 2025 Registrar
 901 N. Glebe Rd, Ste 300
 Arlington, VA 22203

Fax: 703-276-0793
Phone: 703-525-4890
Email: exchange@aami.org

Registration Fees

Full-Conference Registration

	Early Bird Jan. – Apr. 19	Regular Apr. 20 – Jun. 23
<input type="checkbox"/> AAMI Member	\$799	\$899
Member of (check one organization):		
<input type="checkbox"/> ACCE <input type="checkbox"/> JSMI.....	\$799	\$899
<input type="checkbox"/> Non-Member.....	\$999	\$1120
<input type="checkbox"/> U.S. Federal Government Employee/Active Military ¹ .	\$450	\$550
<input type="checkbox"/> Full-Time Student (student ID required) ²	\$125	\$150

Team Rates (per person):

<input type="checkbox"/> AAMI Member in team of five or more ³	\$680	\$765
<input type="checkbox"/> Non-Member in team of five or more ³	\$849	\$935

One-Day Registration

<input type="checkbox"/> AAMI Member	\$449/\$249	\$499/\$299
Member of (check one organization):		
<input type="checkbox"/> ACCE <input type="checkbox"/> JSMI.....	\$449/\$249	\$499/\$299
<input type="checkbox"/> Non-Member.....	\$549/\$349	\$599/\$399
<input type="checkbox"/> Indicate date of your registration:		
<input type="checkbox"/> Sat., Jun. 21 <input type="checkbox"/> Sun., Jun. 22 <input type="checkbox"/> Mon., Jun. 23		
(\$200 off for Mon.)		

Expo Plus Registration

<input type="checkbox"/> AAMI Member*	\$110	\$125
<input type="checkbox"/> Non-Member*.....	\$130	\$149

Expo Only One-Day Registration

<input type="checkbox"/> AAMI Member*	\$75	\$85
<input type="checkbox"/> Non-Member*.....	\$89	\$99

*Includes only Expo Hall for Saturday & Sunday

Yourself or Guest Add-on Receptions:

<input type="checkbox"/> Opening Reception, Friday, June 20	\$50	\$50
<input type="checkbox"/> AAMI PARTY, Saturday, June 21	\$50	\$50
<input type="checkbox"/> Expo Hall Lunch, Saturday, June 21	\$50	\$50
<input type="checkbox"/> Expo Hall Lunch, Sunday, June 22	\$50	\$50
<input type="checkbox"/> Guest Name: _____		
<input type="checkbox"/> Guest Name: _____		

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 Discover

Card # _____

Exp. Date _____ CVV # _____

Card Billing Address, City, State, Zip Code: _____

Cardholders Name _____

Cardholders Signature _____