

HEALTHCARE CONFERENCE



December 1–3, 2020

**4 Easy Ways
To Register:**

Online: www.trsa.org/healthcare

Mail: 1800 Diagonal Rd, Suite 200, Alexandria, VA 22314

Email: registration@trsa.org

Fax: 703.519.0026

Questions?

877.770.9274

Registrant Information

Name _____

Company _____

Title _____

Address _____

City/State/Zip _____

Telephone _____

Email (required) _____

Please share three major challenges you've had in the face of the global pandemic:

1. _____

2. _____

3. _____

Please share three questions that you would like the closing operator panel to address:

1. _____

2. _____

3. _____

Indicate if you will attend:

- Hygienically Clean Healthcare Advisory Board (Advisory Board members only): Tuesday, 11 am–12:30 pm
- Hygienically Clean Healthcare Users Group (representatives of certified plants only): Tuesday, 1 pm–2 pm
- Healthcare CEO/Executive Roundtable (CEOs only): Tuesday, 2:30 pm–4 pm

Check All That Apply:

- EMI Alumni
- CPLM
- Military Veteran
- Attended other TRSA events.

**Your Organization Level
(check all that apply):**

- Chairman/CEO/Owner/President
- Professional/Staff
- Vice President/COO/CFO
- Supervisor
- Director
- Staff
- Manager
- Spouse/Family
- Manager/Supervisor
- Not Provided

Your Job Function (select one):

- Administrative
- Info Systems Mngt./IT
- Customer Service
- Legal
- Engineering/Maintenance
- Logistics and Transportation/Routes
- Environmental
- Marketing
- Executive Manager
- Production
- Finance
- Purchasing
- Health and Safety
- Sales
- Human Resources
- Training
- Not Provided

Payment

SUPER EARLY REGISTRATION: Through October 16 — Save an additional \$100 by using "health100" at checkout!

	Early (by Nov. 13)	Full Registration (after Nov. 13)
TRSA Operator Member	<input type="checkbox"/> \$445	<input type="checkbox"/> \$495
Non-Member Operator	<input type="checkbox"/> \$645	<input type="checkbox"/> \$695
TRSA Associate Supplier Partner	<input type="checkbox"/> \$445	<input type="checkbox"/> \$495

Group discounts also available; registration@trsa.org for details.

Total \$ _____

- Check Enclosed
- Charge To:
- Visa MasterCard American Express Discover

Name on Card _____

Signature (must sign in order to charge credit card) _____

Card Number _____

Exp. Date _____ Security Code _____