

# ATTENDEE REGISTRATION FORM

## InSight 2011 Annual Conference

September 20-23 • David L. Lawrence Convention Center • Pittsburgh, Pennsylvania

Complete all information. Incomplete forms will not be processed. Payment must be received with form.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Membership ID: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Company/Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

If you received an offer code from InSight or McKesson, please enter it here: \_\_\_\_\_

☐ Check here if you do not wish to receive information from InSight exhibitors via mail or e-mail.

### Conference Registration:

Full Conference	By July 15	After July 15	Group Rate*
Active Member	<input type="checkbox"/> \$710	<input type="checkbox"/> \$910	Active Member <input type="checkbox"/> \$685
Renew Member	<input type="checkbox"/> \$835	<input type="checkbox"/> \$1035	Renew Member <input type="checkbox"/> \$810
Join Member	<input type="checkbox"/> \$835	<input type="checkbox"/> \$1035	Join Member <input type="checkbox"/> \$810

\* To qualify for the group rate there must be five or more registrations from the same organization submitted together with full payment. Once five individuals from a company have been submitted, others may add on to the group registration. Each individual must submit a registration form. Speakers and other individual discounts do not qualify for the group rate. Group rates are non-refundable.

Daily Registration	1 Day	2 Day	For Daily Registration
Active Member	<input type="checkbox"/> \$400	<input type="checkbox"/> \$720	Select Day(s): <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Renew Member	<input type="checkbox"/> \$525	<input type="checkbox"/> \$845	
Join Member	<input type="checkbox"/> \$525	<input type="checkbox"/> \$845	

### Pre-Conference Workshops:

#	Title	Pre Conference Workshop Registration
		Half-Day Pre Conference Registration <input type="checkbox"/> \$320
		Full-Day Pre Conference Registration <input type="checkbox"/> \$380
		Pre Conference Only
		• Half-Day Active Member <input type="checkbox"/> \$320
		• Half-Day Renew or Join Member <input type="checkbox"/> \$445
		• Full-Day Active Member <input type="checkbox"/> \$380
		• Full-Day Renew or Join Member <input type="checkbox"/> \$505

**Pre Conference Workshops Subtotal: \$** \_\_\_\_\_

**CONFERENCE TOTAL: \$** \_\_\_\_\_

### Attendee Profile:

- Is this your first InSight Annual Conference? ☐ Yes ☐ No
- What's your role in the purchase of products and services? (check one) ☐ Influencer ☐ Decision Maker ☐ No Involvement
- If you approve purchases, what is the maximum spending level you can approve? (check one)  
☐ <\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$300,000 ☐ \$300,001-\$500,000 ☐ \$500,000+
- Membership Category: ☐ Individual ☐ Affiliate Business Partner (Consultants should contact insight-net.org to apply for membership.)
- Which category best describes your job function?  
☐ C Level – CIO, CFO, CEO President, VP, etc. ☐ C Level – CMIO, CNO, etc. ☐ Clinician ☐ Physician  
☐ IT – Programmer, Analyst, System Administration ☐ Manager/Supervisor ☐ Department Director ☐ Other \_\_\_\_\_
- What is your organization's core HIS System? ☐ McKesson ☐ Cerner ☐ Siemens ☐ Eclipsys/AllScripts ☐ Other \_\_\_\_\_
- Organization bed count? ☐ 0 – 150 ☐ 151 – 300 ☐ 301 – 500 ☐ More than 500 ☐ N/A

(Continued)

# ATTENDEE REGISTRATION FORM *(Continued)*

## 8. Department?

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Accounts Payable    | <input type="checkbox"/> Diagnostic Imaging     | <input type="checkbox"/> Lab                         | <input type="checkbox"/> Program Management |
| <input type="checkbox"/> Accounts Receivable | <input type="checkbox"/> Emergency Services     | <input type="checkbox"/> Materials                   | <input type="checkbox"/> Quality            |
| <input type="checkbox"/> Administration      | <input type="checkbox"/> Finance/Accounting     | <input type="checkbox"/> Nursing                     | <input type="checkbox"/> Radiology          |
| <input type="checkbox"/> Business Office     | <input type="checkbox"/> HIM/Coding             | <input type="checkbox"/> Patient Access/Registration | <input type="checkbox"/> Surgery            |
| <input type="checkbox"/> Cardiology          | <input type="checkbox"/> Home Care              | <input type="checkbox"/> Patient Accounting          |   |
| <input type="checkbox"/> Case Management     | <input type="checkbox"/> Hospice                | <input type="checkbox"/> Pharmacy                    |   |
| <input type="checkbox"/> Decision Support    | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Physician Office            |   |

## 9. Are you currently employed by your company's ☐ Parent ☐ Affiliate ☐ Other

## 10. What product line(s) does your hospital/facility/organization use?

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Access Management          | <input type="checkbox"/> Homecare and Hospice | <input type="checkbox"/> Medical Imaging             | <input type="checkbox"/> Series                         |
| <input type="checkbox"/> Anesthesia                 | <input type="checkbox"/> IT Outsourcing       | <input type="checkbox"/> Paragon                     | <input type="checkbox"/> STAR                           |
| <input type="checkbox"/> Ambulatory                 | <input type="checkbox"/> HealthQuest          | <input type="checkbox"/> Performance Management      | <input type="checkbox"/> ERP/Supply Chain               |
| <input type="checkbox"/> Cardiology                 | <input type="checkbox"/> Horizon Clinicals    | <input type="checkbox"/> Pharmacy Automation         | <input type="checkbox"/> Surgical Services              |
| <input type="checkbox"/> Consumer                   | <input type="checkbox"/> Laboratory           | <input type="checkbox"/> Practice Claims Management  | <input type="checkbox"/> Technology and Services        |
| <input type="checkbox"/> Document Imaging Solutions | <input type="checkbox"/> Radiology            | <input type="checkbox"/> Practice Revenue Management | <input type="checkbox"/> Workforce Management Solutions |
| <input type="checkbox"/> Emergency Department       | <input type="checkbox"/> Inpatient Pharmacy   | <input type="checkbox"/> RelayHealth                 |   |
| <input type="checkbox"/> Enterprise Visibility      | <input type="checkbox"/> Outpatient Pharmacy  | <input type="checkbox"/> Revenue Cycle Solutions     |   |

## 11. What is your main reason for attending the InSight Annual Conference and/or CIO Forum?

- ☐ Product line update ☐ ICD-10 ☐ Achieve meaningful use ☐ Learn from peers ☐ Meet with McKesson experts
- ☐ Networking ☐ See new solutions ☐ Other \_\_\_\_\_

## 12. Are you interested in participating in a McKesson Focus Group? ☐ Yes ☐ No

## 13. Will you be attending the physician track? ☐ Yes ☐ No



It is important that you enjoy the InSight Annual Conference. If, due to a disability, you have any special needs or requirements, please detail them below. InSight will do its best to accommodate you: \_\_\_\_\_

### PAYMENT INFORMATION: FULL PAYMENT MUST ACCOMPANY REGISTRATION

☐ Check (U.S. dollars, drawn from a U.S. bank, payable to InSight) Checks must be postmarked no later than August 26, 2011. After August 26, attendees will be required to bring their check to the conference to complete their registration.

☐ Visa ☐ MasterCard ☐ American Express

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Cancellation Policy: Cancellations must be received in writing by August 22, 2011. Group registrations are non-refundable. A processing fee of \$100 will be assessed for all individual cancellations received by August 22, 2011. No refunds will apply to cancellations received after August 22, 2011.

Register online at [www.insight-net.org](http://www.insight-net.org), fax to 905.479.9297 or mail to InSight - Registration, 8342 Solutions Center, Chicago, IL 60677-8003.

Advance registration (mailed or faxed forms) ends August 26, 2011. Forms received after August 26 will not be processed and attendees will be required to register online or onsite.