AHRA Annual Meeting attendees often compare their experience to a family reunion. As everyone arrived in Denver yesterday, it certainly felt like one. Old friends happily greeted each other and new began forming over good conversation, food, and drink.

Attendees, speakers, and exhibitors traversed through the brand new Gaylord Rockies atrium to the Convention Center, and picked up all of their meeting materials at the registration desk, including their ribbons from the ribbon wall. Have you seen the rockin’ photo station? Take a photo with a friend and share it on social media with #AHRA2019 to show everyone your Rockin’ AHRA spirit!

If you haven’t already, download the Annual Meeting app (www.ahra.org/app) to easily access the meeting schedule (you can even create your own), maps, the latest news, and more, right from your smart phone. Be sure to check for updates when you open the app and download them to get the latest room and session changes. There is even a forum for attendees to connect and post photos from the event.

Yesterday’s educational opportunities included the first few sessions, the start of the Basic Management Track, the CRA Exam Workshop, and two leadership workshops. The exhibitor symposiums were kicked off by Siemens Healthineers, with five more to follow this week. Attending these will gain you not only valuable new knowledge, but also a chance to win a free registration to the 2020 Boston Annual Meeting if you attend four of them.

The great Colorado weather provided a perfect setting for the 20th Annual Imaging Golf Tournament at the Murphy Creek Golf Course with over 40 golfers participating. The proceeds go toward the AHRA Education Foundation.

. . . Continued on page 7
Monday, July 22, 2019

President’s Reception

Convention Daily

Editorial Staff

Editor: Emily Doutre Genua
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AHRA, 490-B Boston Post Road, Suite 200
Sudbury, MA 01776
www.ahra.org

2 | Convention Daily
Laughter to Ease the Pain: The Role of Humor in Patient Comfort

By Jason Scott, MBA, CRA, FAHRA, CPXP, RT(R)(MR)

Sunday afternoon’s presentation, “Laughter to Ease the Pain: The Role of Humor in Patient Comfort,” was an interesting one. The presenter, David Jacobson, provided many helpful hints to use therapeutic humor in the healing process for patients and staff. Jacobson was diagnosed rheumatic fever and severe arthritis. This life-changing event completely transformed his life, and he realized that humor actually helped in his own healing process.

He highlighted many benefits of laughter:
• Psychological: Helps people feel better about themselves
• Social: Helps decrease anger, conflict, and fighting
• Spiritual: Balances mind, body, and spirit

David also discussed inappropriate and appropriate humor. Anything that pokes fun at people’s shortcomings in considered inappropriate. Anything that uses stereotypes, reflects anger, profanity, or is cruel, abusive, or offensive is not appropriate. Appropriate humor is making fun of yourself. Laughter unites people, so anything that builds rapport, or creates a fun and caring atmosphere is also appropriate.

There are several ways to create a humorous culture:
• Treat humor as a necessity, not a luxury. Having 10 minutes of belly laughter can help decrease pain.
• Use self-effacing humor. Know your weaknesses and turn them in to strengths. Make fun of yourself!
• Be aware of humorous situations and share them. Laughter makes people remember key points of your conversation.
• Use the power of humor to make your life and others’ lives better. Do “funny” things throughout the day to decrease the stress of you and others’ around you.
• Use your humorous imagination to improve communication. Think of crazy things throughout the day that are not offensive to improve communication among your co-workers and patients.
• Use humorgy. When you can take all parts of yourself and add the spirit of humor, you experience wholeness in a way that can’t be described, only felt. That is humorgy.
• Act like the humorous person you’ve become. Use your advanced humor powers to help others further improve their sense of humor.

The presented mentioned a quote that resonated with his audience: “If you can change the way you think, you can change the way you feel.” How true!
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*Critical Care Suite is 510(k) pending at FDA. Not available for sale in the United States.*
Exhibit Hall Information

Exhibit Hall Schedule
Monday, Tuesday & Wednesday
• 11 am-2 pm: Hall Open (Closes 1:30 pm Wed)
• 11:30 am-11:45 am: Hot Spot! Drawing
• 12:00 pm-1:30 pm: Lunch Served in Exhibit Hall
• 12:45 pm-1 pm: Hot Spot! Drawing
• 1 pm: Product Showcase Passport deadline (Wed)

Product Showcase Passport Companies
Visit 10 of the companies listed below and have your passport (found in your tote bag) stamped. Turn in the completed passport to the ballot boxes for your chance to win $500!

<table>
<thead>
<tr>
<th>Company</th>
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<td>American Society of Radiologic Technologists</td>
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<td>AVID Healthcare</td>
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<td>Envision Physician Services</td>
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<td>Radiology Data &amp; Research</td>
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<td>RedRick Technologies, Inc.</td>
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<td>Sinton Medical Products</td>
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Hot Spot Companies
The companies listed below are “Hot Spot” booths. During 6 designated 15-minute periods (2 drawings/day), a booth number will be randomly chosen over the PA system. Attendees in that booth will be eligible to win $300.

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<th>Company</th>
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<td>Volpara Solutions</td>
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<td>RadSite</td>
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Update: New Exhibitor Added

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**ADULT INDICATIONS**

<table>
<thead>
<tr>
<th>Intra-arterial Procedures</th>
<th>Optiray 240</th>
<th>Optiray 300</th>
<th>Optiray 320</th>
<th>Optiray 350</th>
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<tr>
<td>Cerebral Arteriography</td>
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<td>Peripheral Arteriography</td>
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<td>Visceral Arteriography</td>
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<td>Aortography</td>
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<td>Coronary Arteriography</td>
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<td>Left Ventriculography</td>
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<td>CT Imaging of the Head and Body</td>
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<td>Venography</td>
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<td>Excretory Urography</td>
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<td>Digital Subtraction Angiography</td>
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*Optiray 320 is indicated in adults for angiography throughout the cardiovascular system. The uses included those marked above.

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**IMPORTANT SAFETY INFORMATION**

**WARNING: NOT FOR INTRATHECAL USE**

Inadvertent intrathecal administration may cause death, convulsions, central herniation, coma, paralysis, respiratory failure, acute renal failure, cardiac arrest, seizures, hallucinations, hyperthermia, and brain edema.

**CONTRAINDICATIONS**

Optiray is contraindicated in patients with symptomatic hyperthyroidism.

**WARNINGS AND PRECAUTIONS**

- Optiray can cause life-threatening or fatal hypersensitivity reactions including anaphylaxis and anaphylactic shock.
- There is an increased risk in patients with a history of a previous reaction to contrast agent, and known allergies (i.e., bronchial asthma, drug, or food allergies), and other hypersensitivities.
- Optiray increases the circulatory osmotic load and may induce acute or delayed hemodynamic disturbances in patients with congestive heart failure, severely impaired renal function, combined renal and hepatic disease, combined renal and cardiac disease, particularly when repetitive or large doses are administered.
- Life-threatening or fatal cardiovascular reactions have occurred with the use of Optiray, including cardiac arrest, hypotension, collapse, and shock.
- Cardiac decompensation, serious arrhythmias, and myocardial ischemia or infarction can occur during coronary arteriography and ventriculography.

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**PEDIATRIC INDICATIONS**

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<tr>
<th>Intra-arterial Procedures</th>
<th>Optiray 240</th>
<th>Optiray 300</th>
<th>Optiray 320</th>
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<td>Angiocardiography</td>
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<td>Intravenous Procedures</td>
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<td>CT Imaging of the Head and Body</td>
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<td>Excretory Urography</td>
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- Serious, fatal, thromboembolic events causing myocardial infarction and stroke can occur during angiographic procedures with Optiray.
- Extravasation can occur with Optiray administration, particularly in patients with severe arterial or venous disease and can be associated with pain, hemorrhage, and necrosis.
- Hypersensitivity crisis has occurred after the use of iodinated radiopaque contrast agents in patient with pheochromocytoma.
- Iodinated contrast agents may promote sickling in individuals who are homozygous for sickle cell disease.
- Severe cutaneous adverse reactions (SCAR) may develop from 1 hour to several weeks after intravenous contrast agent administration. These reactions include Stevens-Johnson syndrome and toxic epidermal necrolysis (SJS/TEN), acute generalized exanthematous pustulosis (AGEP), and drug reaction with eosinophilia and systemic symptoms (DRESS). Reaction severity may increase and time to onset may decrease with repeat administration of a contrast agent; prophylactic medications may not prevent or mitigate severe cutaneous adverse reactions. Avoid administering Optiray to patients with a history of a severe cutaneous adverse reaction to Optiray.

**ADVERSE REACTIONS**

- The most common reaction is nausea, occurring at a rate of 1 percent.
- Serious adverse reactions have been reported during post-approval use of Optiray. These serious adverse reactions include but are not limited to: anaphylactic reactions, arhythmias, temporary blindness, tongue edema, seizures, respiratory arrest, bronchospasm, laryngeal spasm and thrombosis.

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**USE IN SPECIFIC POPULATIONS**

- **Pregnancy:** Postmarketing data with Optiray use in pregnant women are insufficient to determine if there is a risk of drug-associated adverse developmental outcomes.
- **Lactation:** There is no information about the presence of iodine in human or animal milk, the effects of the drug on the breastfed infant, or the effects of the drug on milk production. However, iodinated contrast agents are excreted unchanged in human milk in very low amounts with poor absorption from the gastrointestinal tract of the breastfed infant.
- **Extravasation:** Extravasation can occur with Optiray administration, particularly in patients with severe arterial or venous disease and can be associated with pain, hemorrhage, and necrosis.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

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**References**

AHRA ushered in one of the largest first-time attendee and new member groups in the history of the organization with a welcome reception. Attendees closed out the night at the President’s Reception hosted in the Aurora Ballroom with great music, food, drinks, and networking.

Our second day has plenty to offer everyone. The Grand Opening Ceremony kicks off this morning at 9 AM, with our first keynote speaker Vince Poscente. Get ready to go Full Speed Ahead and be on the edge of your seat with a powerful message of strategic leadership and accelerated goal attainment. Check out the schedule on the back page of each issue of Convention Daily for the full rundown on all of the symposiums and sessions you’ll have to choose from today. The exhibit hall also opens today and will run from 11 AM–2 PM. Plan to have lunch while you check out the latest trends in radiology equipment and emerging technologies.

Remember: you must be on time to a session in order to be eligible for ARRT CE credit. The barcode on your badge will be scanned at the beginning and end of the session, so make sure you stay for the entire session, and don’t forget your badge in your hotel room!
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Artificial Intelligence: Implications for Advanced Imaging & Precision Medicine

By Mary Ann Waldron

Driving forces in new business models include both supply and demand drivers, explained Wes Gilson, PhD and Peter Shen at their symposium, “Artificial Intelligence: Implications for Advanced Imaging & Precision Medicine,” presented on Sunday morning, sponsored by Siemens Healthineers. Smartphone adoption whereby a person’s heart rate is monitored and can potentially influence patient behavior is one such example.

In today’s data rich imaging environment, more information generated by exams reduces radiologists’ interpretation times, which may raise errors by >16%. How do we address this concern? Deep learning has the potential to take artificial intelligence technology using algorithms to predict future actions and take guidance one step further to operationalize the data that has been analyzed. This may save time, money, and improve diagnostic accuracy.

As an example, retrospectively, we can monitor dose values and even predict or estimate the dose that may be delivered to a specific patient. But can we change scan protocol parameters to reduce delivered dose? Using technology for isocentering the patient, for instance, can optimize dosage in CT and offer consistent follow-up for future exams, as well as minimizing late bolus timing and patient recalls. The speakers shared specific improvements in MRI, mammography, radiation therapy, and particularly see much promise for parametric PET scans’ complex calculations.

For a patient, the diagnosis achieved from imaging is likely just the first step in his or her treatment journey. Clinical pathways reduce variations in practice and bring consistency to the treatment process using evidence-based guidelines for the next sensible step. Each patient’s pathway is personalized but based on evidence of better outcomes from a larger population with similar diagnoses. Standardization and personalization can co-exist.

The future: a digital twin. Non-invasive functional measurements could produce a lifelong personalized physiological model updated every time a scan or imaging exam is performed. A digital “twin” would be created, and could fuse information from the lab as well as imaging, and virtually test options to determine therapy optimization without or before subjecting the patient to the treatment being considered. This ultimately leads us to patient-centric prevention and holistic treatment.
ACR Updates Practice Parameters for Skin Marking in Mammography

Facilities should require consistent use of radiographically distinct markers to indicate palpable areas of concern, skin lesions, and surgical scars.¹

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¹ ACR PRACTICE PARAMETER FOR THE PERFORMANCE OF SCREENING AND DIAGNOSTIC MAMMOGRAPHY Revised 2018 (Resolution 35) section E, labeled Markers, part 2, page 5
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  Facilities use the tool to assess their case studies and final reports and receive a quantitative report targeting opportunities for continuous process improvement. Physicians may use the IAC QI Tool to satisfy a component of MIPS performance measures under the improvement activity category.

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  IAC accreditation is a cost-effective solution for your facility, offering discounts and a single application for multi-site facilities. For details, visit intersocietal.org/iac/about/programs.htm.

What can IAC accreditation do for your facility?

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ABOUT IAC | The IAC is a nonprofit organization in operation to evaluate and accredit facilities that provide diagnostic imaging and procedure-based modalities, thus improving the quality of patient care provided in private offices, clinics and hospitals where such services are performed. Committed to its mission through a rigorous peer review process, the IAC has granted accreditation to more than 14,000 sites since its inception in 1991. IAC accreditation is widely respected within the medical community, as illustrated by the support of more than 40 national medical societies.
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**Innovation Award: Cast Your Vote!**

AHRA is excited to announce the Innovation Showcase, a new Annual Meeting activity that brings new and innovative products and services to your fingertips!

Voting will close on Tuesday, July 23 at 5:00 MT. AHRA Members will also receive 5 AHRA Rewards Points for voting. Cast your vote now, and thank you for participating!

The winner of the 2019 Innovation Award will be announced at the closing session on Wednesday, July 24.

---

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- 'The TARGET SCANNER is worth its weight in gold; we use it on every single patient.' (New York City Univ. System - 25+ TS)
- 'The SAFESCAN TARGET SCANNER has been a big hit...' (Midwest Healthcare Organization - 16 more ordered)
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Download the Annual Meeting app, sponsored by the American College of Radiology (ACR), to create your own custom schedule, access venue maps and exhibitor info, post and view photos from other attendees, read the latest Link posts, check on your CE credits, and much more.
AHRA colleagues teamed up yesterday morning for fun on the greens to raise money for a worthy cause, the AHRA Education Foundation. The 2019 Imaging Classic Golf Tournament was held at Murphy Creek Golf Course, with wide landing areas, expansive greens and stunning water features. The tournament, a scramble format, was followed by an awards ceremony and lunch. Thanks to all who participate!

The Education Foundation would like thank the above sponsors and the AHRA Golf Tournament Committee for their generous support of the Imaging Classic. Your continued support of both this golf tournament and the Education Foundation is appreciated!
Fourty-four golfers participated at the 2019 Imaging Classic. The winning team was comprised of Edward White, John Hardin, Eric Slimmer, and Christian Pedersen (pictured above with Mark Suckle). Second place was Peter De Graaf, Sean Kiernan, Scott Thomas, and Karl Wolcott (below, left). The longest ladies’ drive was completed by Tina Weiss. The longest men’s drive was completed by Don Owens. The shot closest to the hole was completed by Pete De Graaf, who was also the 50/50 winner. De Graaf graciously gave his winnings back to the AHRA Education Foundation (pictured below, right with AHRAEF Chair Cathy Story and Mark Suckle).
Interested in Writing for AHRA’s Bi-Monthly Journal? Stop by the Convention Daily office (Destin Room) to learn more!

Feature Articles
Features run from 1500-3500 words and are eligible for Quick Credit™ designation. The content is evidence-based, formal, researched, and in depth. Focusing on education, topics include but are not limited to business management, human resources, technology, regulations, asset management, operations, communication, and finance as related to the imaging industry.

Columns
Columns run from 725-1500 words and content is presented more informally and less researched than a feature. Topics include staffing, technology, coding, imaging center operations, finance, management, and op/ed.

Book Reviews
Radiology Management accepts book reviews on business management and imaging related topics. They run between 725-1500 words.

Letters to the Editor
Letters to the editor are welcome, but must not exceed 300 words. They will be printed as space allows and are subject to editing.

Vendor/Consultant Manuscripts
Radiology Management is proud of its working relationships with individuals, firms, companies, and organizations that provide products and services to AHRA members. The journal maintains its integrity by publishing educational manuscripts written by vendors and consultants. It is essential, however, that these manuscripts in no way promote a specific product or service, and they must be substantiated by neutral, unbiased research and/or documentation.

Peer Review Process
Radiology Management is a peer reviewed journal. All manuscripts are submitted to members of AHRA’s Editorial Review Board (ERB). Upon review, authors may be required to submit a revised manuscript based upon the reviewers’ recommendations. The editor works closely with the author throughout the peer review process. Manuscripts are published only after approval from the ERB and the editor.

Style
Radiology Management’s style is based on the American Medical Association (AMA) Manual of Style. Manuscripts must include the following:
- Author’s full name, credentials, title, affiliation(s), contact information, and a brief (2 to 3 sentence) biography.
- Accurate and complete references, if applicable. References must be listed in the order in which they appear in the text. Authors should use current reference material (i.e., published within the past 5 years).
- Tables, graphs, and artwork (if applicable) must be submitted as separate electronic files; do not embed within the manuscript. They must be numbered in order of their reference within the manuscript and captions and credit lines should be provided. Artwork must be high resolution (minimum of 300 dpi) jpg, tiff, or eps files.

Free CE Credit
Authors of Radiology Management are eligible for up to 4 ARRT Category A credits. If your article is published in the journal, submit the title page of the journal plus the first page of the actual document to ARRT when renewing registration.

Copyright
Each article is accepted with the understanding that it is to be published exclusively in Radiology Management unless other arrangements are made in advance and in writing. Authors are asked to sign an agreement transferring and assigning all copyright ownership to AHRA. This agreement declares that the original work contains nothing that is libelous, unlawful, or infringes on anyone’s common law or statutory copyright, nor is it under consideration by other publishers at the time of submission.

Submissions
Articles should be submitted for consideration to:
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ph: (978) 443-7591  fx: (978) 443-8046
New Member & First Time Attendee Reception
8:00 AM - 9:00 AM: Continental Breakfast

7:45 AM - 8:45 AM: Exhibitor Symposium: Enhancing Patient Safety and Optimizing Efficiency in CT, MRI and Cath Labs: Integrating the Use of Contrast Media Dispensed in Prefilled Syringes (Aurora Ballroom B)

9:00 AM - 11:00 AM: Grand Opening Ceremony & Keynote: Full Speed Ahead (Aurora Ballroom A)

11:00 AM - 2:00 PM: Exhibit Hall open & lunch served (Noon-1:30 PM)

2:15 PM - 3:45 PM: Breakout Sessions
• Contemporary Imaging Management: An Immersive Dialogue (Summit 6-7)
• ACR/Joint Commission: MR Safety Tips for Radiology Administrators (Aurora Ballroom D)
• Regulatory Update (Aurora Ballroom C)
• Rowboats vs. Canoes: Tools for Forward-looking Capital Planning (Crest 3-5)
• The Art of Leadership “From Now On” (Summit 8-9)

3:45 PM - 4:15 PM: Beverage Break

4:15 PM - 5:15 PM: Breakout Sessions
• Cardiac Imaging Can Assess Cardiovascular Risk in High Endurance Athletes (Summit 8-9)
• Successfully Implementing Digital Radiography Across a Regional Healthcare System (Aurora Ballroom D)
• SuperTech: Essential Tools for Today’s Technologists & Leaders (Crest 3-5)
• The Leadership Void: On the Hunt for Unicorns (Aurora Ballroom C)
• Functional Flow Reserve CT: A New Frontier for Cross Collaboration (Summit 6-7)

5:30 PM - 6:30 PM: Exhibitor Symposium: A New Perspective on Risk Management in MR Contrast (Aurora Ballroom B)

6:30 PM - 7:30 PM: CRA Alumni Reception (by invitation only) (Juniper Patio)

Remember: you must be on time to a session in order to be eligible for ARRT CE credit. If you arrive at a session after the speaker has started, you will not receive CE credit. The barcode on your badge will be scanned at the beginning and end of the session. You must receive both scans to receive CE credit, so make sure you stay for the entire session, and don’t forget your badge when you leave your hotel room each morning! Each night you will receive an email from ahra@ud.net listing the sessions you attended and the number of credits you received that day. (This email will also include links to online session evaluations—complete them for a chance at a free registration to next year’s meeting!) If you are not receiving the nightly emails, please be sure that ahra@ud.net is added as a safe sender in your spam filter. If any sessions you attended are missing from your nightly report, visit www.ahra.org/AMCE to request missing credits while you’re at the conference.