

Periop 101 Supplemental End-User Order Form
For Current Periop 101 Online Customers

Periop 101: A Core Curriculum™
for the OR Nurse or RN OB Circulator

Code: _____ (for internal use only)
Code: _____ (for internal use only)
Code: _____ (for internal use only)

<i>Information About Facility</i>	<i>Information About Course Administrator</i>
Name of <u>Facility</u> on Your Order Form/Agreement: Street Address: City/State/Zip:	Name: Credentials (RN, BSN, CNOR, etc.): Title: Email Address: Telephone: (If same as Facility, leave blank): Facility Name: Address: City/State/Zip: Fax:

Price List

Student Prepaid Seat Registration Fee (fees are the same for OR Nurse or RN OB Circulator)	
<u>2-Year Periop 101 Agreement</u> ___ \$350 each—Buy 1-10 more Student seats at one time (if you previously bought 11 student seats <i>all at one time</i> , your student fee is \$275 each) ___ \$275 each—Buy 11-49 Student seats at one time ___ \$250 each—Buy 50+ Student seats at one time	<u>1-Year Periop 101 Agreement</u> ___ \$1,500 each if buying 1-3 Student seats ___ \$1,100 each if buying 4-5 Student seats ___ \$950 each if buying 6-7 Student seats ___ \$750 each if buying 8-10 Student seats

<i>AORN® Services for Additional End Users</i>	<i>Fees and Charges</i>
• _____ Total # of Additional Student Seats (combined OR Nurse and OB Nurse Seats)	\$ _____
• _____ Additional Course Administrator Seats (\$350 each)	\$ _____
• _____ Additional Preceptor Seats if you have used up your 4 free ones (\$89 each)	\$ _____
TOTAL AMOUNT	\$ _____

Payment Terms

- All Fees are due and payable upon signing and submission of this Periop 101 Supplemental End-User Order Form. If a purchase order is submitted with this form, **the order must be paid in full** before the end users are given access to the course. *When you are ready to start your students, be sure to submit your completed Periop 101 Online Student Registration Roster for either:*
 - the regular Periop 101 OR Course or*
 - the Periop 101 OB Course so that they can be assigned the correct Learning Plan.*
- All Fees are nonrefundable, except** that you may obtain a refund of Student Registration Fees if you request the refund before the first student starts online registration for the Course.

To Place Your Order

- To place your order, please provide the information requested on pages 1-2 and return one signed copy of this Periop 101 OB Supplemental End-User Order Form together with payment of the applicable Fees to:
 AORN, Inc., Attn. Laurie Clark or Kim Simkins , 2170 S. Parker Road, Denver, CO 80231; fax (303) 755-5494
 Upon receipt of **BOTH** actual payment and the signed order form, AORN staff will add the additional end user seat accessibility for the facility within 3 business days and will email the Administrator that it has been done.

All Services Provided Subject to Terms and Conditions of Periop 101 2-Year or 1-Year Agreement

The Services described in the Order Form are provided to you subject to the terms and conditions of the Periop 101 2-Year or 1-Year Agreement between AORN and your facility. The Order Form, this and any other supplemental order forms, and the agreement together form an integrated and complete agreement. Unless expressly defined in this order form, all capitalized terms used in this order form have the meanings ascribed to them in the Periop 101 Agreement.

Payment

Purchase Order #: _____

Check #: _____

Credit Card Type: Visa MasterCard American Express Discover

Credit Card #: _____ Exp. Date: _____

Name on Card: _____

Signature _____ Date _____

Signature of Facility's Duly Authorized Representative

Signature: _____

Printed Name: _____

Title: _____

Facility: _____

Date: _____

Provide the following information about each additional Course Administrator(s) you are adding. Attach as many sheets as necessary.

Facility or Health System Name: _____

Name of Facility:

Address:

City/State/Zip:

Information About Course Administrator #3

Name:

Credentials (RN, BSN, CNOR, etc.):

Title:

Facility:

Street Address:

City/State/Zip:

Telephone:

Fax:

E-Mail Address:

Information About Course Administrator #4

Name:

Credentials (RN, BSN, CNOR, etc.):

Title:

Facility:

Street Address:

City/State/Zip:

Telephone:

Fax:

E-Mail Address: