

# Facility Reference Center

## Order Form



Is this a renewal?  Yes  No

### FACILITY INFORMATION

Facility Name: \_\_\_\_\_  
 Business Address 1: \_\_\_\_\_  
 Business Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Health Care System: \_\_\_\_\_

### ADMINISTRATOR/CONTACT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Credentials: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business Address 1: \_\_\_\_\_  
 Business Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Indicate your external IP address/address range: From \_\_\_\_\_ To \_\_\_\_\_  
 If you are purchasing an a subscription for the first time and are part of a health care network, please be sure to request your facility's unique, external IP address or range from your IT department for your location(s). If this is a renewal order you don't need to provide IP address information again.

The following IP address ranges are not valid for the Facility Reference Center:

10.0.0.0 – 10.255.255.255 | 172.16.0.0 – 172.31.255.255 | 192.168.0.0 – 192.168.255.255

### ORDER DETAILS

Choose one of the following: *Note, the below options are 12-month subscriptions.*

BASE PACKAGE	
<b>Single Site</b>	
1-2 users	\$475.00
3-5 users	\$890.00
6-10 users	\$1,650.00
11-25 users	\$3,100.00
<b>Multi-Site</b>	
2-9 sites	\$4,175.00
10-24 sites	\$7,750.00
25-49 sites	\$17,900.00

**(INCLUDES)**

- All Guidelines for Perioperative Practice
- Guidelines Quick Views
- Over 200 clinical FAQs
- In-service PowerPoints
- Audit Tools
- Case Studies
- Clinical Calculators
- Clinical Checklists
- Gap Analysis Tools
- Implementation Roadmap
- Key Takeaways

PREMIUM PACKAGE	
<b>Single Site</b>	
1-2 users	\$500.00
3-5 users	\$940.00
6-10 users	\$1,750.00
11-25 users	\$3,250.00
<b>Multi-Site</b>	
2-9 sites	\$4,375.00
10-24 sites	\$8,100.00
25-49 sites	\$18,700.00

**(INCLUDES)**

- Base Package
- Policy and Procedure Templates
- Competency Verification Tools
- Procedures at a Glance
- Positioning at a Glance
- Skin prep at a Glance
- Guidelines and Tools for the Sterile Processing Team
- AORN Guideline and FAQs for Autologous Tissue Management
- Core Curriculum for the RNFA
- Perioperative Job Descriptions
- ASC Infection Prevention Policy and Procedure Templates (coming July 2018)

Package Subtotal: \$ \_\_\_\_\_

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### MULTI -SITE ADDITIONAL FACILITY INFORMATION *(Attach additional pages if needed.)*

Facility Name: \_\_\_\_\_  
Business Address 1: \_\_\_\_\_  
Business Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Health Care System: \_\_\_\_\_

Facility Name: \_\_\_\_\_  
Business Address 1: \_\_\_\_\_  
Business Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Health Care System: \_\_\_\_\_

Facility Name: \_\_\_\_\_  
Business Address 1: \_\_\_\_\_  
Business Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Health Care System: \_\_\_\_\_

Facility Name: \_\_\_\_\_  
Business Address 1: \_\_\_\_\_  
Business Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Health Care System: \_\_\_\_\_

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### PAYMENT INFORMATION

#### METHODS OF PAYMENT

##### Option 1

Pay by Phone - Email your completed form to [orders@aorn.org](mailto:orders@aorn.org) and call Customer Service at 1-800-755-2676 to pay by credit card. **DO NOT** complete page 5.

##### Option 2

Pay by Fax - Complete the credit card payment form on page 5 and fax the complete form to 1-844-241-4050.

##### Option 3

Pay by Mail - Send check or complete the credit card payment form on page 5 and mail complete form to 2170 South Parker Road, Suite 400, Attn: Orders.

#### ORDER PROCESS

1. Complete order form and submit with payment to AORN (a purchase order is not considered payment).
2. Order will be processed and agreement activated after AORN receives both completed order form and payment.
3. Administrator(s)/contact will receive the registration email.

By signing or typing my name below, I agree to the [AORN Terms and Conditions](#) and the [Facility Reference Center Agreement Conditions](#) for this purchase and any future purchases. If the product purchased is for use by my facility, I am authorized by my facility to bind my facility to the terms of this agreement.

Type or sign here: \_\_\_\_\_

Date: \_\_\_\_\_

#### MAIL OR FAX ORDER FORM:

Attn: Orders

2170 S Parker Rd, Suite 300

Denver, CO 80231-5711

**Secure Fax: 1-844-241-4050**

#### QUESTIONS?

Contact Experience Services

US Phone: 1-800-755-2676

International Phone: 1-303-755-6300

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## Order Form



**PLEASE DO NOT EMAIL THIS SECTION BELOW CONTAINING CREDIT CARD DATA. Email sent with credit card numbers are not secure and will be automatically blocked. Only complete this section if you are sending via secure fax (Option 2) or by mail (Option 3).**

Credit Card Type:

Visa      MasterCard      American Express      Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Credit Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Purchasing Agent Name (if different from credit card holder): \_\_\_\_\_ Phone: \_\_\_\_\_

Purchasing Agent Email Address: \_\_\_\_\_

Total Amount Paid \$: \_\_\_\_\_

### MAIL OR FAX ORDER FORM:

Attn: Orders  
2170 S Parker Rd, Suite 300  
Denver, CO 80231-5711  
**Secure Fax: 1-844-241-4050**

### QUESTIONS?

Contact Experience Services  
US Phone: 1-800-755-2676  
International Phone: 1-303-755-6300

### FOR OFFICE USE ONLY

Version: 00898 1217

Facility Name:

Account #: