

PERIOP MASTERY

Facility Order Form



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: _____

ORDER DETAILS

Check below to order option A or B:

CHECK BOX FOR OPTION A: ALL ACCESS PACKAGE

Our most popular package with a savings up to \$530! Your student(s) will receive access to all modules for 24 months.

No. of Student Seats	Price Per Student
1-10	\$430/student
11-29	\$410/student
30+	\$395/student

Number of Students: _____
Total Amount Due: \$ _____

— OR —

CHECK BOX FOR OPTION B: INDIVIDUAL MODULES

Your student(s) will receive access to the selected modules for 24 months.

No. of Module(s)	Price Per Module(s)
1-10	\$60
11-29	\$57
30+	\$54

Number of Modules: _____
Total Amount Due: \$ _____

Check the modules you wish to order:

Module Name
Deep Vein Thrombosis
Environmental Cleaning
Hand Hygiene in the Perioperative Setting
High-Level Disinfection
Malignant Hyperthermia
Moderate Sedation/Analgesia
Perioperative Care of the Older Adult
Positioning the Patient in the Perioperative Practice Setting
Pneumatic tourniquet

Module Name
Preoperative Patient Skin Antisepsis
Preventing Unplanned Perioperative Hypothermia
Prevention of Retained Surgical Items
Prevention of Transmissible Infections
Radiation Safety
Safe Environment of Care
Sterilization in the Perioperative Practice Setting
Surgical Attire

Periop Mastery

Facility Order Form and Invoice



METHODS OF PAYMENT

Option 1

Pay by Phone - Email your completed form to 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 [Periop Mastery Program 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

THIS PAGE INTENTIONALLY LEFT BLANK

Periop Mastery

Facility Order Form and Invoice



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: 1800801 052318

Facility Name:

Account #: