

# PERIOP MASTERY

## Order Form for Individuals



### CONTACT INFORMATION

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

### 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 \$850! You will receive access to all modules for 12 months.

Student Seat	Price
1 student	\$430

Total Amount Due: \$ \_\_\_\_\_ \$430

— OR —

#### CHECK BOX FOR OPTION B: INDIVIDUAL MODULES

You will receive access to the selected modules for 6 months.

Member Price	Non-Member Price
\$60/per module	\$80/per module

Total Number of Modules: \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Check the modules you wish to order:

Qty	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

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

# Periop Mastery

## Order Form and Invoice



### 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

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### 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

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# Periop Mastery

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 \$: \_\_\_\_\_

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**QUESTIONS?**

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International Phone: 1-303-755-6300

**FOR OFFICE USE ONLY**

Version: 1800011 010317

Facility Name:

Account #: