

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: _____
 Phone: _____ Email: _____

Indicate your external IP address/address range: From _____ To _____
 If you are purchasing a subscription for the first time and are part of a health care system, please be sure to request your facility's unique, external IP address or range from your IT department for your location(s).

The following IP address ranges are not valid for eGuidelines Plus*:
 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

Please note this is a 12-month subscription.

Single Site: Simultaneous Users		
<input type="checkbox"/>	Up to 2 users	\$600
<input type="checkbox"/>	Up to 5 users	\$1,150
<input type="checkbox"/>	Up to 10 users	\$2,100
<input type="checkbox"/>	Up to 25 users	\$3,900
Multi-Site		
<input type="checkbox"/>	Up to 10 sites	\$5,200
<input type="checkbox"/>	Up to 25 sites	\$9,900
<input type="checkbox"/>	Up to 50 sites	\$22,000

For 50+ sites, please contact
periopsolutions@aorn.org
 for special pricing.

(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
- Policy and Procedure Templates
- Competency Verification Tools
- Anesthesia at a Glance
- Medication at a Glance
- Procedures at a Glance
- Positioning at a Glance
- Skin Prep at a Glance
- Guidelines and Tools for the Sterile Processing Team
- Core Curriculum for the RNFA
- Perioperative Job Descriptions

Total Amount Due: \$ _____

*Formerly Facility Reference Center

eGuidelines Plus*

2020 Order Form and Invoice



METHODS OF PAYMENT

Option 1

Pay by Phone - Email your completed form to orders@aorn.org and call Experience Services at 1-800-755-2676 to pay by credit card. **DO NOT** complete page 3.

Option 2

Pay by Fax - Complete the credit card payment form on page 3 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 3 and mail complete form to the address below.

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.

By signing or typing my name below, I agree to the [eGuidelines Plus* 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:

AORN Experience Services
Attn: Orders
2170 S Parker Rd, Suite 400
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: 01339-0120

Facility Name:

Account #:

*Formerly Facility Reference Center

**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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