

PERIOP 101: A Core Curriculum™

2019 Additional Seat Order Form and Invoice



For those who first bought or last renewed Periop 101 in 2019

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: _____
 Past Periop 101 Administrator (no fee) NEW Periop 101 Administrator

ORDER DETAILS

2019 Periop 101 Student Seat Pricing

All seats that are purchased but not started during your current 2-year term will expire on your facility's expiration date.

For **single-site** agreements only, list number of student seats by type: _____ OR _____ ASC _____ C-Section

For **multi-site** agreements and/or **additional administrators**, [click here](#).

# of Seats	Student Seat Fee (6 mo.)	Qty.	Additional Seat Purchases	Price	Qty.
1-10 OR/ASC/C-Section Students	\$995 each		Additional Administrator Seat	\$385	
11-29 OR/ASC/C-Section Students	\$790 each		Additional Preceptor Seat	\$185	
30-49 OR/ASC/C-Section Students	\$630 each		Additional PA Seat	\$200	
50-99 OR/ASC/C-Section Students	\$550 each		One Month Extension: Student Name _____	\$100	

*For 100+ seats, please contact periopsolutions@aorn.org for special pricing.

Reading Assignments (*Shipping Fee Applies)	Price	Qty.
Periop 101 Textbook Package (Guidelines book & Alexander's book)*	\$370	
Guidelines for Perioperative Practice, latest edition*	\$255	
Alexander's Care of the Patient in Surgery, latest edition*	\$145	
Alexander's Care of the Patient in Surgery (eBook)	\$117	

Reading Assignments

- Guidelines for Perioperative Practice
- Alexander's Care of the Patient in Surgery

Choose the format(s) that works best for your students. For facility-wide access to the Guidelines for Perioperative Practice along with integrated tools and resources, subscribe to eGuidelines Plus below.

Shipping Address: _____

eGuidelines Plus* — A Better Way to Access the Guidelines.

Please note this is a 1-year subscription.

Single Site: Simultaneous Users		
<input type="checkbox"/>	Up to 2 users	\$620
<input type="checkbox"/>	Up to 5 users	\$1,185
<input type="checkbox"/>	Up to 10 users	\$2,165
<input type="checkbox"/>	Up to 25 users	\$4,020
Multi-Site		
<input type="checkbox"/>	Up to 10 sites	\$5,360
<input type="checkbox"/>	Up to 25 sites	\$10,200
<input type="checkbox"/>	Up to 50 sites	\$22,600

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

Periop 101 Seat Total: \$ _____

Additional Purchase Total: \$ _____

*Shipping Total: \$ _____

\$6.95 for the first set, \$.95 for each additional set. (Book orders shipping to CA, CO, and PA may be subject to state tax.) Contact AORN for AK, HI, and international shipping costs.

TOTAL AMOUNT DUE: \$ _____

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METHODS OF PAYMENT

Option 1

Pay Online - Email your completed form to orders@aorn.org. A quote with a payment link will be sent to you.

Option 2

Pay by Mail - Send check and completed 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.
3. Administrator(s)/contact will receive the registration email.

By signing or typing my name below, or by my facility making payment hereunder, I agree to the [AORN Terms and Conditions](#) and the [Periop 101 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 ORDER FORM:

AORN B2B
Dept #1385
P.O. Box 30106
Salt Lake City, UT 84130-0106

QUESTIONS?

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

FOR OFFICE USE ONLY

Version: 01339-0620

Facility Name:

Account #: