

# PERIOP 101: A Core Curriculum™

## 2020 Additional Seat Order Form and Invoice



For those who first bought or last renewed Periop 101 in 2020

### 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

#### 2020 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	\$815 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: <b>Student Name</b> _____	\$100	

\*For 100+ seats, please contact [periopsolutions@aorn.org](mailto: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	\$22,660

#### 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](mailto: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 #: