

AORN FACILITY ORDER FORM FOR NEW/RENEWAL CUSTOMERS ONLY



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FACILITY INFORMATION

Facility Name: _____

Business Address 1: _____

Business Address 2: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Health Care System: _____

SHIPPING ADDRESS (FOR BOOK PURCHASES)

Check box if shipping address is the same as your facility information.

Name: _____

Address 1: _____

Address 2: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

ORDER DETAILS (COURSE PACKAGES, BOOKS AND GROUP MEMBERSHIP)

Product Name	Number of Seats	Qty (Group Membership only)	Price	Subtotal
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Textbook Orders: Shipping is \$6.95 for the first item, \$.95 for each additional item.

Contact AORN for AK, HI and international shipping costs.

Shipping Total: \$

Product Total: \$

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PRODUCT DETAILS

Periop 101

For current customers ordering **additional** Periop 101 seats, [click here](#) to order online. **Note:** If your Periop 101 license has expired, please contact AORN's Health Care Organization team at periopsolutions@aorn.org to renew.

Student Seats

For single-site agreements only, list number of student seats by type: _____OR _____ASC _____C-Section
(For multi-site contracts, contact periopsolutions@aorn.org)

ADMINISTRATOR/CONTACT INFORMATION

A designated administrator/contact is needed for each product being purchased.

[Additional Site/Additional Administrator Form](#) Check here if the contact information is the same for all products.

Lead Admin

Product Name: _____

First Name: _____ Last Name: _____

Credentials: _____ Title: _____

Phone: _____ Email: _____

New Admin **Past Admin**

Product Name: _____

First Name: _____ Last Name: _____

Credentials: _____ Title: _____

Phone: _____ Email: _____

New Admin **Past Admin**

Product Name: _____

First Name: _____ Last Name: _____

Credentials: _____ Title: _____

Phone: _____ Email: _____

THE FOLLOWING PRODUCT DETAILS ARE REQUIRED TO COMPLETE YOUR ORDER.

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PRODUCT DETAILS

eGuidelines Plus And Accreditation Assistant

SINGLE-SITE: Simultaneous Users

IP address or range* _____ to _____

Single Site: # of Simultaneous Users	Accreditation Assistant for Joint Commission Standards (Yes or No) <i>*Additional amount applies - See pricing</i>	Years	Price	Subtotal

MULTI-SITE FACILITIES

For multi-site orders, please list the facility name included in the subscription, and IP addresses for each facility. More than four sites? [Click here](#) to add more.

Name _____

IP address or range* _____ to _____

Name _____

IP address or range* _____ to _____

Name _____

IP address or range* _____ to _____

**The following IP address ranges are not valid for the 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

Multi-Site: # of Sites	Accreditation Assistant for Joint Commission Standards (Yes or No) <i>*Additional amount applies - See pricing</i>	Years	Price	Subtotal

Product Total: \$

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PRODUCT DETAILS (cont'd)

AORN Group Membership

Ambulatory Surgery Center Membership

One free online Ambulatory Infection Prevention Course user: _____

One free Periop 101 Sterilization & Disinfection Course user: _____

IP address or range for eGuidelines Plus user*: _____ to _____

Facility Group Membership

IP address or range for eGuidelines Plus access*: _____ to _____

Industry Group Membership

IP address or range for eGuidelines Plus access*: _____ to _____

[Download](#) and complete Membership Roster and include with your order form.

**The following IP address ranges are not valid for the 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

We are located outside the United States (Please add \$20 per member for international shipping (including Canada)).

International Member Total: \$

Periop 202

Quantity of Each Course (total quantity must match quantity listed on page 1)

Course Name	# of Student Seats
Coronary Atery Bypass Grafting (CABG)	
Total Hip Arthroplasty	
Total Knee Arthroplasty	
Spine Procedures	
Orthopedic Trauma	
Shoulder and Elbow	

Total # of Seats:

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PRODUCT DETAILS (cont'd)

Periop Mastery 2.0

For single purchases only. Quantity must match the quantity listed on page 1.

Course Name	# of Student Seats
Environmental Cleaning	
Hand Hygiene	
High-Level Disinfection	
Hypothermia	
Malignant Hyperthermia	
Moderate Sedation	
Older Adult	
Patient Skin Antisepsis	
Positioning	
Pneumatic Tourniquet	

Course Name	# of Student Seats
Radiation Safety	
Retained Surgical Items	
Safe Environment of Care	
Sharps Safety	
Sterile Technique	
Sterilization	
Surgical Attire	
Transmission-Based Precautions	
Venus Thromboembolism	

Total # of Seats:

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PAYMENT INFORMATION

Total Payment Enclosed \$

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. **DO NOT** email credit card information. Emails with credit card information are automatically deleted.

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(s) will receive the registration email.

By signing or typing my name below, I agree to the [AORN Terms and Conditions](#) and the [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: _____

Title: _____

Email: _____

MAIL ORDER FORM AND CHECK:

AORN B2B
Dept #1385
PO 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: MAR-71 2/12/2021

Facility Name:

Account #: