

PERIOP 101: A Core Curriculum™

2016 Additional Seat Order Form



For those who first bought or last renewed Periop 101 in 2016

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: _____
Business Address 1: _____
Business Address 2: _____
City: _____ State/Province: _____
Postal Code: _____ Country: _____
Phone: _____ Email: _____

Past Periop 101 Administrator (no fee) *NEW Periop 101 Administrator*

ORDER DETAILS

2016 Periop 101 Student Seat Pricing

For one-site agreements only, list number of student seats by type: OR OB ASC

# of Seats (Term)	Student Seat Fee (6 mo.)	Qty.
1-10 OR/OB/ASC Students	\$915 each	
11-29 OR/OB/ASC Students	\$695 each	
30-49 OR/OB/ASC Students	\$515 each	
50-99 OR/OB/ASC Students	\$475 each	

Additional Seat Purchases	Price	Qty.
Additional Administrator Seat	\$365	
Additional Preceptor Seat	\$179	
Additional PA Seat	\$195	
One Month Extension: Student Name _____	\$100	

Reading Assignments (Individual or discounted package)	Price	Qty.
<i>Guidelines for Perioperative Practice</i> , latest edition*	\$215	
<i>Alexander's Care of the Patient in Surgery</i> , latest edition*	\$145	
Periop 101 Textbook Package (AORN Guidelines & Alexander's books)	\$330	
Periop 101 Textbook w/CD (AORN Guidelines CD & Alexander's book)	\$345	

Periop 101 Seat Total: \$ _____

Additional Purchase Total: \$ _____

Shipping Total: \$ _____

\$6.95 for the first set, \$.95 for each additional set. (Book orders shipping to California, Colorado, and Pennsylvania may be subject to state tax.) Contact AORN for international shipping costs.

TOTAL AMOUNT DUE: \$ _____

Guidelines Plus: For online facility access to *Guidelines for Perioperative Practice*, please email periopsolutions@aorn.org.

Shipping Address: _____

*Required readings

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ADDITIONAL SEAT & COURSE ADMINISTRATOR INFORMATION

Provide the following information for each student seat type and course administrator(s). Attach as many sheets as necessary.

Health System Name (if any): _____

Designated Site #1

For multi-site agreements only, list number of student seats by type: _____ OR _____ OB _____ ASC _____ PA

<input type="text"/>	Number of Administrator seats	<input type="text"/>	Number of Preceptor seats
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Name of Facility: _____

Business Address: _____

City/State/Zip: _____

Name: _____

Credentials: _____ Title: _____

Phone: _____ Email: _____

Past Periop 101 Administrator (no fee) *NEW Periop 101 Administrator*

Name: _____

Credentials: _____ Title: _____

Phone: _____ Email: _____

Past Periop 101 Administrator (no fee) *NEW Periop 101 Administrator*

Designated Site #2

For multi-site agreements only, list number of student seats by type: _____ OR _____ OB _____ ASC _____ PA

<input type="text"/>	Number of Administrator seats	<input type="text"/>	Number of Preceptor seats
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Name of Facility: _____

Business Address: _____

City/State/Zip: _____

Name: _____

Credentials: _____ Title: _____

Phone: _____ Email: _____

Past Periop 101 Administrator (no fee) *NEW Periop 101 Administrator*

Name: _____

Credentials: _____ Title: _____

Phone: _____ Email: _____

Past Periop 101 Administrator (no fee) *NEW Periop 101 Administrator*

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METHODS OF PAYMENT

Option 1

Pay by Phone - Email your completed form to 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.

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 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 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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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 \$: _____

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

FOR OFFICE USE ONLY

Version: 00898 1217

Facility Name:

Account #: