

# PERIOP 101: A Core Curriculum™

## 2017 Additional Seat Order Form



*For those who first bought or last renewed Periop 101 in 2017*

### 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

#### 2017 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	\$945 each	
11-29 OR/OB/ASC Students	\$725 each	
30-49 OR/OB/ASC Students	\$535 each	
50-99 OR/OB/ASC Students	\$495 each	

Additional Seat Purchases	Price	Qty.
Additional Administrator Seat	\$375	
Additional Preceptor Seat	\$179	
Additional PA Seat	\$195	
One Month Extension: <b>Student Name</b> _____	\$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](mailto:periopsolutions@aorn.org).

**Shipping Address:** \_\_\_\_\_  
\_\_\_\_\_

\*Required readings

# PERIOP 101: A Core Curriculum™

## 2017 Additional Seat Order Form



### 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
----------------------	-------------------------------	----------------------	---------------------------

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
----------------------	-------------------------------	----------------------	---------------------------

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*

# PERIOP 101: A Core Curriculum™

## 2017 Additional Seat Order Form



### METHODS OF PAYMENT

**Option 1**

Pay by Phone - Email your completed form to [orders@aorn.org](mailto: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

**THIS PAGE INTENTIONALLY LEFT BLANK**

# PERIOP 101: A Core Curriculum™

2017 Additional Seat Order Form



**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 #: