

AORN eSubscription Order Form - Multiple Sites

How did you learn about this product?

Friend/Colleague AORN website AORN Journal Periop Insider AORN Annual Conference & Expo Tradeshows Email Other: _____

Please start an annual online subscription to AORN's *Guidelines for Perioperative Practice* for my institution at the indicated concurrency level (i.e., the number of users at my institution who may simultaneously access the content). I have reviewed the attached Licensing Terms and Notices and agree to them, and I have provided my institution's IP address range where indicated below. I understand that during the term of the subscription, according to the concurrency level subscribed to, users have unlimited access to the publication's current content, which will be updated semi-annually during the year.

Note: Annual subscription rates are quoted, and must be paid in US dollars and are subject to change without notice. Some states may require sales tax. Your e-subscription will begin once payment is received (note: purchase orders are not considered a form of payment). All sales are final. Access rights to the content is by IP address range. (You may need to consult with your IT department for this information.)

Please indicate your IP address/address range: From _____ To _____

If you are purchasing an eSubscription for the first time and are part of a healthcare network, please be sure to request a unique IP address or range from your IT department for your location. If this is for a renewal order you don't need to provide IP address information again.

Please keep in mind the following IP address ranges are not valid for eSubscription:

10.0.0.0 – 10.255.255.255 | 172.16.0.0 – 172.31.255.255 | 192.168.0.0 – 192.168.255.255

So that we may process your order quickly, please provide all the following information:

Institution Name: _____

Your First Name: _____ Your Last Name: _____

Your Email: _____

Address 1: _____ Title: _____

Address 2: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Please check the desired number of facilities:

2-10 sites -- \$3,500 10-24 sites -- \$6,500 25-50 sites -- \$15,000 50+ sites -- \$25,000

PEP member (No charge - included in PEP membership) Renewal

Payment Information:

Please add print copies of the *Guidelines for Perioperative Practice* to my order at member pricing (\$150 ea). Book Qty: _____

Credit Card: Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____

Name on the card: _____ Signature _____

Amount \$: _____

Purchasing Agent Name: _____ Phone: _____

Check Amount \$: _____

Billing Contact Information (if different from above):

Institution Name: _____

First Name: _____ Last Name: _____

Email: _____

Address 1: _____ Suite/Floor: _____

Address 2: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Please mail or fax this order form to

AORN Customer Service Department
2170 S. Parker Rd., Suite 400
Denver, CO 80231
Fax: 303-750-3212

Questions?

Email AORN at custsvc@aorn.org
Call AORN Customer Service at 1-800-755-2676
(1-303-755-6300 from outside the US and Canada)

Remember to review the attached Licensing Terms and Notices.



AORN eSubscription Order Form – Multiple Sites

Additional Administrators

Institution Name: _____

Your First Name: _____

Your Last Name: _____

Your Email: _____

Address 1: _____ STE/Floor: _____

Address 2: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Institution Name: _____

Your First Name: _____

Your Last Name: _____

Your Email: _____

Address 1: _____ STE/Floor: _____

Address 2: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Institution Name: _____

Your First Name: _____

Your Last Name: _____

Your Email: _____

Address 1: _____ STE/Floor: _____

Address 2: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Institution Name: _____

Your First Name: _____

Your Last Name: _____

Your Email: _____

Address 1: _____ STE/Floor: _____

Address 2: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Attach additional pages if needed.

GUIDELINES FOR PERIOPERATIVE PRACTICE ESUBSCRIPTION LICENSING TERMS AND NOTICES

GUIDELINES FOR PERIOPERATIVE PRACTICE AND OTHER INFORMATION PROVIDED HERewith, UNLESS OTHERWISE NOTED, ARE COPYRIGHTED AND OWNED BY AORN, INC. ALL RIGHTS RESERVED.

BY ACCESSING THE AORN E-SUBSCRIPTION LIBRARY, YOU ARE ACCEPTING AND AGREEING TO THE TERMS OF THIS LICENSE AGREEMENT. IF YOU ARE NOT WILLING TO BE BOUND BY THE TERMS OF THIS LICENSE AGREEMENT, YOU MUST DECLINE ACCESS TO SUCH MATERIALS

GRANT OF LICENSE

This content is supplied as a licensed product. Subject to the provisions contained herein, AORN, Inc. grants you a non-exclusive, non-transferable license to the materials contained herewith (the "Product"). Your licensed rights to the Product are limited to the following:

- (a) This License Agreement does not convey to you an interest in or to the Product, but only a limited right of use revocable in accordance with the terms of this license agreement.
- (b) Concurrent use of this content on more than one computer is permissible if you have purchased a subscription license. Online access beyond the concurrency permitted under your license agreement is strictly prohibited.
- (c) Distribution within your institution of printed versions of this content is permitted under this license agreement. All other reproduction, transmission, and/or distribution of this content in any form or by any means without prior written permission from AORN, Inc. is strictly forbidden.
- (d) You acknowledge and agree that the Product is proprietary to AORN, Inc., the Copyright holder, and is protected under U.S. copyright law and international copyright treaties. You further acknowledge and agree that all right, title and interest in and to the Product, including all intellectual property rights, are and shall remain with the Owner.

COPYRIGHT

Guidelines for Perioperative Practice is published by the Association of Perioperative Registered Nurses. Copyright © 2015 AORN, Inc. All rights reserved. Permission for re-use may be sought directly from AORN, located in Denver, Colorado (USA), by contacting the Publications Department by email (permissions@aorn.org) or by fax 1-303-750-3441.

NOTICE

No responsibility is assumed by AORN, Inc. for any injury and/or damage to persons or property as a matter of products liability, negligence or otherwise, or from any use or operation of any standards, recommended practices, methods, products, instructions, or ideas contained in the material herein. Because of rapid advances in the health care sciences in particular, independent verification of diagnoses, medication dosages, and individualized care and treatment should be made. The material contained herein is not intended to be a substitute for the exercise of professional medical or nursing judgment.

The content in this publication is provided on an "as is" basis. TO THE FULLEST EXTENT PERMITTED BY LAW, AORN, INC. DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, STATUTORY OR OTHERWISE, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY, NON-INFRINGEMENT OR THIRD PARTIES RIGHTS, AND FITNESS FOR A PARTICULAR PURPOSE.