# PERIOP 101: A Core Curriculum™





For those who first bought or last renewed Periop 101 in 2021

FACILITY INFORMATION			
Facility Name:			
Business Address 1:			
	_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			
2021 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 <b>single-site</b> agreements only, list number of student seats by type:ORASCC-Section			
For <b>multi-site</b> agreements and/or <b>additional administrators</b> , <u>click here</u> .			
Student Seat Additional Sea	t Durchaeae Drica Oty		

# of Seats	Student Seat Fee (6 mo.)	Qty.
1-10 OR/ASC/C-Section Students	\$995 each	
11-29 OR/ASC/C-Section Students	\$835 each	
30-49 OR/ASC/C-Section Students	\$645 each	
50-99 OR/ASC/C-Section Students	\$565 each	

Additional Seat Purchases	Price	Qty.
Additional Administrator Seat	\$385	
Additional Preceptor Seat	\$185	
Additional PA Seat	\$200	
One Month Extension: Student Name	\$100	

\*For 100+ seats, please contact  $\underline{periopsolutions@aorn.org}$  for special pricing.

Reading Assignments (*Shipping Fee Applies)	Price	Qty.
Periop 101 Textbook Package (Guidelines book & Alexander's book)*	\$400	
Guidelines for Perioperative Practice, latest edition*	\$275	
Alexander's Care of the Patient in Surgery, latest edition*	\$153	
Alexander's Care of the Patient in Surgery (eBook)	\$122	

Shipping Address:

### eGuidelines Plus\* — A Better Way to Access the *Guidelines*.

Please note this is a 1-year subscription.

Sin	Single Site: Simultaneous Users		
	Up to 2 users	\$685	
	Up to 5 users	\$1,305	
	Up to 10 users	\$2,385	
	Up to 25 users	\$4,430	
Multi-Site			
	Up to 10 sites	\$5,910	
	Up to 25 sites	\$11,235	
	Up to 50 sites	\$24,975	

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

The following IP address ranges are not valid for eGuidelines Plus:

 $\begin{array}{lll} 10.0.0.0 - 10.255.255.255 & \mid & 172.16.0.0 - 172.31.255.255 & \mid \\ 192.168.0.0 - 192.168.255.255 & & \end{array}$ 

your IT department for your location(s).

### **Reading Assignments**

- 1. Guidelines for Perioperative Practice
- 2. 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 Costs for # of Books Ordered (Note Periop 101 Textbook Package counts as two books)			
	USA	AK/HI	Canada
1	\$19	\$38	\$62
2	\$20	\$53	\$66
3	\$21	\$67	\$77
4	\$22	\$84	\$102

\*Orders over 5 books, or international shipping, contact AORN's Experience Services at custsvc@aorn.org or toll-free at 800-755-2676 for a quote.

Periop 101 Seat Total: \$
Additional Purchase Total: \$
*Shipping Total: \$
TOTAL AMOUNT DUE: \$

## **PERIOP 101: A Core Curriculum™**

## 2021 Additional Seat Order Form and Invoice



METHODS	$\Delta E D$	AVAGE	UT.
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Option 1  Pay Online - Email your completed form to <u>orders@aorn.org</u> . 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**

- 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 <u>AORN Terms and Conditions</u> and the <u>Periop 101 Agreement Conditions</u> 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 #: