

Introduction to Perioperative Nursing For Schools of Nursing Order Form and Invoice



Is this a renewal? ☐ Yes ☐ No Additional Seats from the Same Term? ☐ Yes ☐ No

FACILITY INFORMATION

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

ADMINISTRATOR/CONTACT INFORMATION

First Name: _____ Last Name: _____
Credentials: _____ Title: _____
Phone: _____ Email: _____

☐ Past Administrator (no fee) ☐ NEW Administrator

First Name: _____ Last Name: _____
Credentials: _____ Title: _____
Phone: _____ Email: _____

☐ Past Administrator (no fee) ☐ NEW Administrator

ORDER DETAILS

Student Seat Pricing (for Nursing Students Only)

All seats that are purchased but not started during your current 2-year term will expire on your facility's expiration date.

Student Seats (6 mo.)	# of Seats	Administrator Seats (2 yrs)	Preceptor Seats (3 mo.)	Qty.
\$20 (each)	1+ Students	1 free	1 free	

Additional Seat Purchases	Price	Qty.
Additional Administrator Seat	\$100	
Additional Preceptor Seat	\$185	

Reading Assignments (* Shipping Fee Applies)	Price	Qty.
Periop 101 Textbook Package (Guidelines book & Alexander's book)*	\$380	
Guidelines for Perioperative Practice, latest edition*	\$265	
Alexander's Care of the Patient in Surgery, latest edition*	\$145	
Alexander's Care of the Patient in Surgery (eBook)	\$117	

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 the eGuidelines Plus below.

Shipping Address: _____

eGuidelines Plus* - 24/7 access to the most current AORN *Guidelines for Perioperative Practice* and hundreds of clinical implementation tools and resources.

Single Site: Simultaneous Users	
<input type="checkbox"/> Up to 2 users	\$645
<input type="checkbox"/> Up to 5 users	\$1,230
<input type="checkbox"/> Up to 10 users	\$2,250
<input type="checkbox"/> Up to 25 users	\$4,180
Multi-Site	
<input type="checkbox"/> Up to 9 sites	\$5,575
<input type="checkbox"/> Up to 24 sites	\$10,600
<input type="checkbox"/> Up to 49 sites	\$23,565

Please note this is a one-year subscription. For multi-year options, please contact periopsolutions@aorn.org.

Indicate your external IP address/address range:

From _____
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

Seat Total: \$ _____

Additional Purchase Total: \$ _____

*Shipping Total: \$ _____

\$6.95 for the first set, \$.95 for each additional set.

TOTAL AMOUNT DUE: \$ _____

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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. **DO NOT** complete page 3.

☐ Option 2

Pay by Mail - Send check or complete the credit card payment form on page 3 and mail complete 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. Administrator(s)/Contact will receive the registration email.

This program and pricing is only available for Schools of Nursing. Upon receipt of completed order form and payment, AORN will verify program eligibility before activation.

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

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: 01339-0120

Facility Name:

Account #:

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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:

AORN B2B
Dept. #1385
P. O. Box 30106
Salt Lake City, UT 84130-0106

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