

Introduction to Perioperative Nursing

2019 Order Form and Invoice



Additional Seats from the Same Term? Yes No

FACILITY INFORMATION

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

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

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

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

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

Reading Assignments	Price	Qty.
Periop 101 Textbook Package (Guidelines book & Alexander's book)	\$350	
Periop 101 Textbook Package (Guidelines USB & Alexander's book)	\$360	
Guidelines for Perioperative Practice, latest edition	\$235	
Alexander's Care of the Patient in Surgery, latest edition	\$145	
Alexander's Care of the Patient in Surgery (eBook)	\$117	

Required Readings

- Guidelines for Perioperative Practice
- 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 Facility Reference Center below.

Shipping Address: _____

Facility Reference Center — A Better Way to Access the Guidelines.

Please note this is a 12-month subscription.

Single Site		
<input type="checkbox"/>	1-2 users	\$575.00
<input type="checkbox"/>	3-5 users	\$1,100.00
<input type="checkbox"/>	6-10 users	\$2,000.00
<input type="checkbox"/>	11-25 users	\$3,750.00
Multi-Site		
<input type="checkbox"/>	2-9 sites	\$5,000.00
<input type="checkbox"/>	10-24 sites	\$9,500.00
<input type="checkbox"/>	25-49 sites	\$21,000.00

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 network, please be sure to request your facility's unique, external IP address or range from your IT department for your location(s).

The following IP address ranges are not valid for the Facility Reference Center:

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. (Book orders shipping to California, Colorado, and Pennsylvania may be subject to state tax.) Contact AORN for international shipping costs.

TOTAL AMOUNT DUE: \$ _____

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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 3.

Option 2

Pay by Fax - Complete the credit card payment form on page 3 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 3 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 [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:

Attn: Orders
2170 S Parker Rd, Suite 400
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 400
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: 1019
Facility Name:
Account #: