

# 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)*	\$410	
Guidelines for Perioperative Practice, latest edition*	\$285	
Alexander's Care of the Patient in Surgery, latest edition*	\$157	
Alexander's Care of the Patient in Surgery (eBook)	\$125	

### 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 AORN Guidelines for Perioperative Practice along with integrated tools and resources, subscribe to 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	\$710
<input type="checkbox"/>	Up to 5 users	\$1,350
<input type="checkbox"/>	Up to 10 users	\$2,470
<input type="checkbox"/>	Up to 25 users	\$4,585
Multi-Site		
<input type="checkbox"/>	Up to 10 sites	\$6,115
<input type="checkbox"/>	Up to 25 sites	\$11,630
<input type="checkbox"/>	Up to 50 sites	\$25,850
<input type="checkbox"/>	Up to 100 sites	\$41,185

Please note this is a one-year subscription. For multi-year options, please contact [periopsolutions@aorn.org](mailto: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: \$ _____
Please contact AORN for the most updated shipping price.
<b>TOTAL AMOUNT DUE: \$ _____</b>

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## METHODS OF PAYMENT

**Option 1**

Pay Online - Email your completed form to [orders@aorn.org](mailto: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 \$: \_\_\_\_\_

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