

# eSubscription

## Facility Order Form



Is this a renewal?  Yes  No

### FACILITY INFORMATION

Facility Name: \_\_\_\_\_  
Business Address 1: \_\_\_\_\_  
Business Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Health Care System: \_\_\_\_\_

### ADMINISTRATOR/CONTACT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Credentials: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Address 1: \_\_\_\_\_  
Business Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ORDER DETAILS

Choose one of the following 12-month subscription options:

#### OPTION A: SINGLE SITE

Please check the desired concurrency level (i.e., number of simultaneous users at a single site):

up to 2 users -- \$430       up to 5 users -- \$805       up to 10 users -- \$1,495       up to 25 users -- \$2,815

#### OPTION B: MULTI-SITE

Please check the desired number of facility sites:

2-9 sites -- \$3,785       10-24 sites -- \$7,030       25-49 sites -- \$16,225

50+ sites -- For pricing contact Jacqueline Estlund at [JEstlund@aorn.org](mailto:JEstlund@aorn.org) or call (800) 755-2676, Ext. 208.

Indicate your external IP address/address range: From \_\_\_\_\_ To \_\_\_\_\_

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

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

#### Print Book Additions

Please add print copies of the *Guidelines for Perioperative Practice* to my order at member pricing (\$195 ea).

Book Qty: \_\_\_\_\_

\$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.

Shipping: \$ \_\_\_\_\_

Book Total: \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

**MULTI -SITE ADDITIONAL FACILITY INFORMATION** *(Attach additional pages if needed.)*

Facility Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Business Address 1: \_\_\_\_\_  
Business Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Health Care System: \_\_\_\_\_

Facility Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Business Address 1: \_\_\_\_\_  
Business Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Health Care System: \_\_\_\_\_

Facility Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Business Address 1: \_\_\_\_\_  
Business Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Health Care System: \_\_\_\_\_

## PAYMENT INFORMATION

**For secure processing, orders will only be accepted via secure fax or mail.**

Payment Type:

- Credit Card: See last page to complete card payment form.  
 Check

### 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 [eSubscription 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 Experience Services  
2170 S Parker Rd, Suite 300  
Denver, CO 80231-5711  
Secure Fax: 844-241-4050

#### QUESTIONS?

Contact Experience Services  
US Phone: 1-800-755-2676  
International Phone: 303-755-6300

#### FOR OFFICE USE ONLY

Version: 12-16

Facility Name:

Facility Account #:

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# eSubscription

## Facility Order Form



### CREDIT CARD PAYMENT FORM

**For secure processing, orders will only be accepted via secure fax or mail.**

#### 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.

Credit Card Type:

Visa     MasterCard     American Express     Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Purchasing Agent Name (if different from credit card holder): \_\_\_\_\_ Phone: \_\_\_\_\_

Total Amount Paid \$: \_\_\_\_\_

#### MAIL OR FAX ORDER FORM:

AORN Experience Services  
2170 S Parker Rd, Suite 300  
Denver, CO 80231-5711  
Secure Fax: 844-241-4050

#### QUESTIONS?

Contact Experience Services  
US Phone: 1-800-755-2676  
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#### FOR OFFICE USE ONLY

Version: 12-16

Facility Name:

Facility Account #: