

PERIOP MASTERY

Facility Order Form



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: _____
Phone: _____ Email: _____

ORDER DETAILS

Check below to order option A or B:

CHECK BOX FOR OPTION A: ALL ACCESS PACKAGE

No. of Student Seats	Price Per Seat
1-10	\$430/student
11-29	\$410/student
30+	\$395/student

Number of Seats: _____
Total Amount Due: \$ _____

— OR —

CHECK BOX FOR OPTION B:
INDIVIDUAL MODULES

No. of Module(s)	Price Per Module(s)
1-10	\$60
11-29	\$57
30+	\$54

Number of Modules: _____
Total Amount Due: \$ _____

Check the modules you wish to order:

Qty	Module Name
	Environmental Cleaning
	Hand Hygiene in the Perioperative Setting
	High-Level Disinfection
	Hypothermia
	Malignant Hyperthermia
	Moderate Sedation
	Perioperative Care of the Older Adult
	Pneumatic Tourniquets
	Positioning the Patient

Qty	Module Name
	Preoperative Patient Skin Antisepsis
	Prevention of Transmissible Infections
	Radiation Safety
	Retained Surgical Items
	Safe Environment of Care
	Sterilization in the Perioperative Practice Setting
	Surgical Attire
	Venous Thromboembolism

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Facility Order Form and Invoice



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 [Periop Mastery Program 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: 1592 1218
Facility Name:
Account #: