



Order Form and Invoice for CASA (California)

Periop 101 pricing is valid through 9/30/2026

FACILITY INFORMATION

Facility Name: _____
 Business Address 1: _____
 Business Address 2: _____
 City: _____ State: _____
 Postal Code: _____ Country: _____
 Phone: _____ Health Care System: _____

ADMINISTRATOR/CONTACT INFORMATION

First Name: _____ Last Name: _____
 Credentials: _____ Title: _____
 Phone: _____ Email: _____
 Past Periop 101 Administrator (no fee) **NEW Periop 101 Administrator**

First Name: _____ Last Name: _____
 Credentials: _____ Title: _____
 Phone: _____ Email: _____
 Past Periop 101 Administrator (no fee) **NEW Periop 101 Administrator**

ORDER DETAILS

Periop 101 Student Seat Pricing

All seats that are purchased but not started during your current two-year term will expire on your state association's agreement expiration date: 9/30/2026.

Student Seat	Administrator Seats	Preceptor Seats	Qty.
\$650 each	2 free/facility	2 free/facility	

ASC Specialty Courses Pricing

Course Title	Student Seat	Qty.
ASC Academy: Administrator Essentials	\$1,045	
ASC Academy: Prep for Infection Prevention Certification (Prep for CAIP™ Exam)	\$269	
ASC Academy: A Guide to Quality & Risk Management	\$225	
ASC Academy: A Guide to Operational Management	\$225	
ASC Academy: A Guide to Emergency Drills	\$99	
ASC Academy: A Guide to Governance	\$225	
Safe Administration of Moderate Sedation	\$175	
ASC Preoperative Care Course	\$120	
ASC Postoperative Care Course	\$120	

Additional Seat Purchases	Price	Qty.
Periop 101 Additional Administrator Seat	\$405	
Periop 101 Additional Preceptor Seat	\$235	

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	

Shipping Address: _____

Reading Assignments

- 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 AORN Guidelines for Perioperative Practice along with integrated tools and resources, subscribe to eGuidelines Plus below.

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

Please note this is a 1-year subscription. For discounted 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

Periop 101 Seat Total \$: _____
ASC Specialty Courses Seat Total \$: _____
25% Discount Amount: -\$: _____
Additional Purchase Total \$: _____
***Shipping Total: \$** _____
 Please contact AORN for the most updated shipping price.
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. 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, or by my facility making payment hereunder, I agree to the [AORN Terms and Conditions](#) and the [Periop 101 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 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: 00096-0120

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 by mail (Option 2).

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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Dept #1385
PO Box 30106
Salt Lake City, UT 84130-0106

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