

# ASC In-Service Online Education

## 2021 Order Form and Invoice



### 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

ASC IN-SERVICE MODULES*	PRICE	QTY.	Total \$
Environmental Cleaning	\$200		
Flexible Endoscopes	\$200		
High-Level Disinfection	\$200		
Medication Safety	\$200		
Minimally Invasive Surgery	\$200		
Moderate Sedation	\$200		
Positioning	\$200		
Prevention of Venous Thromboembolism	\$200		
Radiation Safety	\$200		
Retained Surgical Items	\$200		
Skin Antisepsis	\$200		
Surgical Smoke Safety	\$200		
Team Communication	\$200		
Transmission-Based Precautions	\$200		
Additional credit hours for up to 10 more students	\$75		

\*Each module includes credit hours for up to 20 students.

Less discount (if applicable) \$ ( \_\_\_\_\_ )

**TOTAL AMOUNT DUE: \$ \_\_\_\_\_**

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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.

**Option 2**

Pay by Mail - Send check and completed 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/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](#) 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: 01339-0620

Facility Name:

Account #: