Peri-FACTS® Academy Registration Form

Use this form to register or register online at www.urmc.rochester.edu/ob-gyn/Peri-factsStore

Institution/School: _____

Contact Person: _____ **Street Address:** _____

Phone: _____ **City, State, Zip:** _____

Email Address: _____

Peri-FACTS® Obstetric Fetal Monitoring and Antepartum/Postpartum Courses (includes Gynecology Course)

❒ **Group One-Year Subscription** (Requires a minimum of 5 participants)

	Per Participant		Qty.	Cost
Nurses:*	$ _____	X		
Residents:	$92.00/year	X		
Nurse Practitioners, Nurse Midwives, and Physician Assistants:**	$120.00/year	X		
Physicians:**	$150.00/year	X		

# of Nurses	Per Participant
5-30	$92.00/year
31-50	$90.00/year
51-75	$88.00/year
76-100	$86.00/year
101+	$84.00/year

Subscription Total _____
Startup Fee (one-time only) $150.00
Total Cost _____

*nursing contact hour credit
**continuing medical education credit

❒ **Individual One-Year Subscription**

	Rate		Qty.	Cost
Nurses* and Residents:	$206.00/year	X		
Nurse Practitioners, Nurse Midwives, and Physician Assistants:**	$297.00/year	X		
Physicians:**	$366.00/year	X		

Subscription Total _____
Startup Fee (one-time only) $150.00
Total Cost _____

License #: _____
State license: _____

New Provider Course: Essentials of Fetal Heart Rate Monitoring

❒ **Institutional Fee** (One-year subscription) $225.00

No. ____ receiving contact hours X $50.00 _____
No. ____ additional textbooks X $34.00 _____
Shipping and handling $ 4.00
Total Cost _____

You can register a participant to receive the contact hours at any time during your subscription by sending us a data form and the $50 payment.

❒ **Individual Fee** (Includes cost of contact hours) $175.00

Shipping and handling $ 4.00
Total Cost **$179.00**

Nursing license #: _____
State licensed: _____

Student Tutorial: Essentials of Fetal Heart Rate Monitoring Course

No. of students per session: _____ School website: _____

This course is FREE OF CHARGE, for nursing schools only. No payment information is necessary.

Payment: _____ Check/Money Order _____ Mastercard _____ Visa
_____ Bill Me _____ Purchase Order _____ Discover

Name on Credit Card: _____ Exp. Date: _____
Credit Card No.: _____ Signature: _____

Please make checks payable to: University of Rochester (Peri-FACTS, Box 668)

Mail to: **Peri-FACTS®**
University of Rochester Medical Center
Dept. of OB/GYN, Box 668
601 Elmwood Avenue
Rochester, NY 14642

If you have any questions or need any further information, please contact Yvonne Dougherty at (585) 275-0789
♦ E-Mail: yvonne_dougherty@urmc.rochester.edu ♦ Fax: (585) 276-2080

Prices guaranteed through 1/1/2014