



Current. Comprehensive. Continuing Education Online.

Registration Form

Use this form to register or register online at www.perifactsstore.urmc.edu

Institution/School: _____
Contact Person: _____ **Street Address:** _____
Phone: _____ **City, State, Zip:** _____
Email Address: _____

periFACTS® Obstetric Fetal Monitoring and Antepartum/Postpartum Courses (Includes the Gynecology Course)

	Per Participant	Qty.	Cost
<input type="checkbox"/> One-Year Subscription			
Nurses:*	\$ _____	X _____	_____
Residents:	\$92.00/year	X _____	_____
Nurse Practitioners, Nurse Midwives, and Physician Assistants:**	\$120.00/year	X _____	_____
Physicians:**	\$150.00/year	X _____	_____
			Subscription Total _____
			Startup Fee (one-time only) \$50.00
			Total Cost _____

*nursing contact hour credit
 **continuing medical education credit

# of Nurses	Per Participant
1-30	\$92.00/year
31-50	\$90.00/year
51-75	\$88.00/year
76-100	\$86.00/year
101+	\$84.00/year

New Provider Course: Essentials of Fetal Heart Rate Monitoring

<input type="checkbox"/> Institutional Fee (One-year subscription) <u>\$225.00</u>	<input type="checkbox"/> Individual Fee (Includes cost of contact hours) <u>\$175.00</u>
No. _____ receiving contact hours X \$50.00 _____	Shipping and handling \$ 4.00
No. _____ additional textbooks X \$70.00 _____	Total Cost \$179.00
Shipping and handling \$ 4.00	Nursing license #: _____
Total Cost _____	State licensed: _____

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.

Student Tutorial: An Introduction to 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: _____
 Card Billing Address: _____ CSV: _____
 Credit Card No.: _____ Signature: _____

Please make checks payable to: University of Rochester (periFACTS, Box 668)

Mail to: periFACTS® OB/GYN Academy
 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 periFACTS at 1-800-285-2366 or (585) 275-6037

◆ E-Mail: periFACTS@urmc.rochester.edu ◆ Fax: (585) 276-2080

Prices guaranteed through 12/31/2014