

Peri-FACTS[®] Registration Form

Please return a copy of this form to register for a one-year subscription to Peri-FACTS[®].

Contact Person: _____
Phone Number: _____ **Fax Number:** _____
E- mail Address: _____ **Number of Participants:** _____
Hospital: _____
Address: _____

Please check subscription type.

Individual Subscription

(Must be taken on-line)

Nurse Participant: \$149.00/year
 Residents: \$149.00/year
 Nurse Practitioners: \$215.00/year
 Nurse Midwives: \$215.00/year
 Physician Assistants: \$215.00/year
 Physicians: \$264.00/year

One Year Subscription – Nurses

No. of nurses _____

One Year Subscription – Others

No. of residents _____

No. of nurse practitioners _____

No. of nurse midwives _____

No. of physician assistants _____

No. of physicians _____

Group Subscription

(Requires a minimum of 5 participants)

# of Nurses	Per Nurse
5 – 30	\$65.00/year
31 – 50	\$63.00/year
51 – 75	\$61.00/year
76 – 100	\$59.00/year
101 +	\$57.00/year

Residents: \$65.00/year
 Nurse Practitioners: \$86.00/year
 Nurse Midwives: \$86.00/year
 Physician Assistants: \$86.00/year
 Physicians: \$108.00/year

Subscription Total \$ _____

Startup Fee \$ 125.00
 (one-time only fee) _____

Total Cost \$ _____

Mail to: Peri-FACTS[®]

University of Rochester Medical Center
 Dept. of OB/GYN, Box 8668
 601 Elmwood Avenue
 Rochester, NY 14642

Payment: _____ Check/Money Order _____ Mastercard _____ Visa
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Please make checks payable to: Dept. of OB/GYN, University of Rochester Medical Center

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 1/1/2011