

Peri-FACTS PROGRAM Renewal Invoice

Please return a copy of this invoice when submitting your renewal payment.

Hospital:

Contact Person:

NURSES AND RESIDENTS	
Number	Cost for Each
1-4	\$186 per year
5 - 30	\$ 83 per year
31 - 50	\$ 81 per year
51 - 75	\$ 79 per year
76 - 100	\$ 77 per year
101 +	\$ 75 per year

NURSE PRACTITIONERS, NURSE MIDWIVES, PHYSICIAN ASSISTANTS	
Number	Cost for Each
1-4	\$268 per year
5+	\$108 per year

PHYSICIANS	
Number	Cost of Each
1-4	\$330 per year
5+	\$135 per year

*Group subscriptions apply to any group with 5 or more participants

	<u>Number of Participants</u>		<u>Cost/year/ Participant</u>	<u>Total</u>
Nurses:	_____	X	\$ _____	\$ _____
Physicians:	_____	X	\$ _____	\$ _____
Nurse Practitioners:	_____	X	\$ _____	\$ _____
Nurse Midwives:	_____	X	\$ _____	\$ _____
Physician Assistants:	_____	X	\$ _____	\$ _____
Residents:	_____	X	\$ _____	\$ _____
Total Number of Participants	_____			\$ _____ Total Cost

Check/Money Order
 Mastercard
 Visa
 Purchase Order (Attach copy)

Name on Credit Card: _____

Credit Card No.: _____ Exp. Date: _____

Signature: _____

Make checks payable to: **The Dept. of OB/GYN, Strong Memorial Hospital**

Send payment to:
University
Dept.
601
Rochester,

Peri-FACTS
of Rochester Medical Center
of OB/GYN, Box 668
Elmwood Avenue
NY 14642