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 online)

Nurse Participant:	$135.00/year
Nurse Practitioners:	$195.00/year
Nurse Midwives:	$195.00/year
Physician Assistants:	$195.00/year
Physicians:	$240.00/year

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

# of Nurses	Per Participant
5 – 30	$59.00/year
31 – 50	$57.00/year
51 – 75	$55.00/year
76 – 100	$53.00/year
101 +	$51.00/year

Residents:	$ 59.00/year
Nurse Practitioners:	$ 78.00/year
Nurse Midwives:	$ 78.00/year
Physician Assistants:	$ 78.00/year
Physicians:	$ 98.00/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 _____

Subscription Total **$** _____

Startup Fee $ 100.00
(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
_____ Discover _____ Purchase Order (Please attach copy) _____ Bill me

Name on Credit Card: _____

Credit Card Number: _____ Exp. Date: _____

Signature: _____

Please make checks payable to: Dept. of OB/GYN, Strong Memorial Hospital

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If you have any questions or need any further information, please contact Yvonne Dougherty at:
Tel: (800) 285-2366 ♦ E-Mail: yvonne_dougherty@urmc.rochester.edu ♦ Fax: (585) 276-2080

* Prices effective through 12/31/2008