AARC Clinical PEP: Practices of Effective Preceptors Program

This is the order form for the AARC's Clinical PEP Program

Please fill our the information requested below and submit to the AARC.
Once we have processed your order, we will send you an email with your access information.

PLEASE PRINT INSIDE THE BOXES

AARC Member #

Daytime Telephone (if international, include country code)

First and Last name

School

School Address

City (and Country if outside US)

State

Zip/Postal Code

# of Faculty at School

Approximate number of preceptors expected to participate

E-Mail Address _____@_____

PLEASE VERIFY YOUR PRICE:

Member Price ☐ $199

Non-member Price ☐ $249

CHECK BOX TO AGREE:

☐ I agree to use this product for the faculty and preceptors at my institution only and to not share this product with outside institutions. I understand that if I am found to have shared access outside of my institution, we may forfeit our access for the remainder of our purchase year.

Signature _____ ***Date*** _____

PAYMENT INFORMATION

Check enclosed for $ _____ Check # _____ Date _____

or charge $ _____ to my ☐ American Express ☐ MasterCard ☐ VISA

Card holder Name (print) _____

Credit Card # _____ Expiration Date _____

Signature _____

***To* MAIL:** **Send this form to: AARC, 9425 N. MacArthur Blvd. Ste. 100, Irving, TX 75063-4706 U.S.A.**
Full payment must be included with your form.

***or* FAX:** **If paying by American Express, MasterCard, or VISA, you may fax your registration form to (972) 484-2720.**