AARC Clinical PEP: Practices of Effective Preceptors Program

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 # / Account #								D	Daytime Telephone (if international, include country code)																	
First and Last name																										
School / Facility																										
Schoo	l / Faci	l ility Ac	dress	I			I				I					<u> </u>			_		<u> </u>	I		I		
				I]			I 			1]	I 				
City (e	City (and Country if outside US)														State			stal C	ode							
Approximate number of preceptors expected to participate																										
E Ma																										
E-Mail Address															-											
PLEASE VERIFY YOUR PRICE:																										
Member Price S199																										
No	n-mei	mber	Price	e				\$2	49																	
_						ot for	· tha ·	facul	ty an	d nre	acant	tors	it mi	/ inst	itutio	n onl	van		not sh	are t	his n	oduc	+ _/i+	h out	_	
□ I agree to use this product for the faculty and preceptors at my institution only and to not share this product with out- side 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									Γ									Date								
	YMEN	IT IN	FORM	ΙΤΑΝ	ON																					
On	line:	lf y	ou w	ould	l like	to pu	ırcha	ise th	nis co	ourse	by c	credit	: car	d, pl	ease	log i	nto A	ARC	.org	and r	nake	you	r pur	chas	e	
					s://wv											0			0							
by	MAIL												, тх	7828	34-44	33										
		Ful	l pay	men	it mu	st be	e incl	uded	with	n you	ır for	m.														
Check enclosed for \$								_ Check #							_ D	Date										

