



Facility Order Form

ARN CAT facility orders can be placed by completing the form, and faxing to 1.847.375.6481 or emailing to info@rehabnurse.org.

Name: _____

Facility: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

| Quantity | Product | Cost | Amount |
|----------|--|------|--------|
| | ARN-CAT Non-Member Access for one year | | |
| | Total | | |

Non-Member ARN-CAT Pricing for 1-year

1 = \$35

10 = \$300

25 = \$650

50 = \$1,000

100 = \$1,750

Payment information

METHOD OF PAYMENT (must be in U.S. dollars)

M/C Visa AMEX Check # _____ Cash

Account Number: _____

Expiration Date: _____ Security Code: _____

If rebilling of a credit card is necessary, a \$25 processing fee will be added to your bill. A charge of \$25 will apply to checks returned for insufficient funds.

Terms of Agreement

Once payment is received a coupon code will be emailed to the facility contact above to distribute. Your facility's account will be monitored and subject to additional charges if more than the contracted number of coupon codes were used.

If you have questions or need assistance, please call ARN Member Services at 800.229.7530.