

ACHA-NCHA

Web-Based Survey Order Form

This order form does **not** include processing fees, non-responder re-contact fees, or charges for customized analysis.
 Customers will receive an invoice for these fees **after** data processing.
 (See pricing information at www.acha.org/projects_programs/ncha_products_pricing.cfm)

Before survey processing and report generation can be completed, you **must** send to ACHA the NCHA Campus Demographic Survey as well as administrative approval and/or Institutional Review Board (IRB) approval.

Bill to

Name _____ Title _____
 Institution _____ ACHA Institutional Member ID # _____
 Street Address _____
 City/State/Zip _____
 Phone _____ E-mail _____

Contact Person

Name _____ Title _____
 Institution _____
 Street Address _____
 City/State/Zip _____
 Phone _____ E-mail _____

Order Web-Based Surveys and Products

Indicate if participating in Fall or Spring.

	Quantity		Unit Price for ACHA Institutional Members	OR	Unit Price for Non-Institutional Members	Total
Surveys (# of student contacts)	_____ x		\$.20 ea.	OR	\$.40 ea.	= _____
Reports Package — includes the following products: <i>Institutional Data File</i> <i>Institutional Data Report</i> <i>Institutional Executive Summary</i> <i>Reference Group Data Report</i> <i>Reference Group Executive Summary</i>	1 x REQUIRED		\$300	OR	\$500	= \$300 / \$500 CIRCLE ONE
User's Manual	1 x		FREE		FREE	= \$ 0
Processing Fee			\$.25 ea.	OR	\$.50 ea.	= TO BE INVOICED AFTER PROCESSING
Non-Responder Re-Contact Fee			\$.10 ea.	OR	\$.20 ea.	= TO BE INVOICED AFTER PROCESSING
Customized Analysis (contact ACHA)			\$60/hr.		\$60/hr.	= TO BE INVOICED AFTER PROCESSING
Custom Questions (contact ACHA)						= TO BE INVOICED AFTER PROCESSING

Payment

MD residents add 5% Sales Tax _____
 _____ Institutional Purchase Order# _____ TOTAL AMOUNT DUE \$ _____
 _____ Check or money order payable to ACHA
 _____ Charge my: Visa MasterCard American Express
 Card# _____ Exp. Date _____ 3-Digit Verification# (from back of card) _____
 Cardholder's Name _____ Signature _____

Send this form with payment to (you may fax if paying by credit card or PO):

ACHA-NCHA ■ 891 Elkridge Landing Rd., Suite 100 ■ Linthicum, MD 21090 ■ Fax (410) 859-1510

For more information, contact Mary Hoban, PhD, CHES at (410) 859-1500, ext. 216 or mhoban@acha.org



American College Health Association