



Web-based Survey Order Form

Before survey processing and report generation can be completed, you **must** send to ACHA the NFSHA Campus Demographic Survey.

BILL TO

Name _____ Title _____
 Institution _____ ACHA Institutional Member ID # _____
 Street Address _____

 City/State/Zip _____
 Phone _____ E-mail _____

PRIMARY NFSHA CAMPUS CONTACT PERSON

Name _____ Title _____
 Institution _____ ACHA Institutional Member ID # _____
 Street Address (**NO P.O. BOX #s**) _____

 City/State/Zip _____
 Phone _____ E-mail _____

ORDER WEB-BASED SURVEYS AND PRODUCTS

Indicate if participating in Fall or Spring Year _____

	Quantity	ACHA Institutional Member Price	ACHA Non-Institutional Member Price	Total
Participation Fee _____ X		\$0.43	OR \$0.86	= _____
Survey costs include: _____ (# of faculty/staff contacts)				
<ul style="list-style-type: none"> • Initial survey contacts/email invitations • Three reminders to non-responders • Automatically generated email confirmation of survey submission • Processing all survey submissions 			<ul style="list-style-type: none"> • Institutional Data File in SPSS • Institutional Data Report • Institutional Executive Summary • Reference Group Data Report • Reference Group Executive Summary 	
Additional reminder(s) to non-responders _____ X		\$125	OR \$250	= _____
Customized thank you message to all responders _____ X		\$125	OR \$250	= _____
Additional report package(s) _____ X (1 report package is included in participation fee)		\$300	OR \$500	= _____
Extra custom questions _____	Contact ACHA-NFSHA program office for quote			_____
Total Amount Due				_____

PAYMENT (Invoice/receipt will be emailed to person entered in "BILL TO" above)

Institutional Purchase Order # _____ Check or money order payable to ACHA
 Visa MasterCard American Express
 Card # _____ Exp. Date _____ 3-Digit Verification # (from back of card) _____
 Cardholder's Name _____ Signature _____

Remittance address for payment (you may fax if paying by credit card or PO):

ACHA-NFSHA, P. O. Box 419224, Boston, MA, 02241-9224, Fax (410) 859-1510
Please be sure to include this order form with your payment.

For more information, contact Christine Kukich, MS, at ckukich@acha.org or (443) 270-4563.