



Web-based Survey Order Form

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

BILL TO:

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

 City/State/Zip _____
 Phone _____ Email _____

PRIMARY NFSHA CAMPUS CONTACT PERSON

Name _____ Title _____
 Institution _____ ACHA Institutional Member ID # _____
 Street Address (no P.O. Box #s) _____

 City/State/Zip _____
 Phone _____ Email _____

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 <small>(# of staff/faculty contacts)</small>	X	\$0.43	OR	\$0.86	= _____
Survey costs include: <ul style="list-style-type: none"> <li style="width: 50%;">• Initial survey contacts/email invitations <li style="width: 50%;">• Institutional Data File in SPSS <li style="width: 50%;">• Three reminders to non-responders <li style="width: 50%;">• Institutional Executive Summary <li style="width: 50%;">• Automatically generated email confirmation of survey submission <li style="width: 50%;">• Institutional Data Report <li style="width: 50%;">• Processing of all survey submissions <li style="width: 50%;">• Reference Group Data Report <li style="width: 50%;">• 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) <small>(1 report package is included in participation fee)</small>	_____ X	\$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 _____ Security Code (from back of card) _____
 Cardholder's Name _____ Signature _____

Remittance address for check or money order payment: ACHA-NFSHA, P. O. Box 419224, Boston, MA, 02241-9224
 Submit by fax if paying by credit card or purchase order: (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.

