ACHA Salary and Staffing Survey Report Order Form

BILL TO

Name__________________________________
Title___________________________________
Organization___________________________
Address________________________________
Contact_______________________________
Phone_______________________________
Email_______________________________
Institutional Purchase Order #__________

MEMBERSHIP STATUS

You must indicate your membership number to qualify for special members-only discounts!

○ My institution is an ACHA member.
  Member # _____________

○ I am an ACHA individual member at a nonmember institution.
  Member # _____________

○ Neither I nor my institution is an ACHA member.

SHIP TO  We cannot deliver to P.O. boxes

Name___________________
Title___________________________________
Organization____________________________
Address________________________________
Contact________________________________
Phone_________________________________
Email__________________________________

Pricing

2015-2016 College Health Salary and Staffing Survey Report

Participant Price:
  Institutional Member = $25
  Non-member = $75

Non-Participant:
  Institutional member = $75
  Individual Member at Non-Member Institution = $100
  Non-member = $200

Prices subject to change without notice.

PUBLICATIONS

<table>
<thead>
<tr>
<th>Title</th>
<th>Qty.</th>
<th>Unit Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-2016 College Health Salary and Staffing Survey Report</td>
<td>X $</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Shipping and Handling charges ($15.00+ per report)</td>
<td>X $</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL AMOUNT DUE $________

METHOD OF PAYMENT

○ Check or money order enclosed (payable to ACHA)
○ Institutional purchase order (indicate purchase order number above under “Bill To”)
  0 Visa  0 MasterCard  0 American Express

Card #___________________________
CSV Code______ Exp.__________Billing Zip Code________
Cardholder________________________________________
Signature_________________________________________

SEND COMPLETED FORM AND PAYMENT TO:

ACHA Publications
Email: pubs@acha.org
Fax: (410) 859-1510

Questions? Call (410) 859-1500, option 6