

ACHA Salary and Staffing Survey Report Order Form

PLEASE TYPE OR PRINT ALL INFORMATION

BILL TO

Name _____
 Title _____
 Organization _____
 Address _____

 Contact _____
 Phone _____
 Email _____
 Institutional Purchase Order # _____

SHIP TO *We cannot deliver to P.O. boxes*

Name _____
 Title _____
 Organization _____
 Address _____

 Contact _____
 Phone _____
 Email _____

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.

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

Title	Qty.	Unit Price	Total
2015-2016 College Health Salary and Staffing Survey Report		X \$	\$
Shipping and Handling charges (\$15.00+ per report)		X \$	
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