



Purchase Order Form

Member Price	\$22.50
Nonmember Price	\$37.50
Institutional Member Price	\$18.00

Date	
P.O. Number	
Member ID	

ACHA members receive discounted pricing on all Brochures!

BILL TO		Ship To	
Name:		Name:	
Institution Name:		Institution Name:	
Address:		Address:	
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	

Shipping Method	Shipping Terms	Delivery Date
UPS Ground	Net 30	5 to 10 business days

Product Code	Product Name/Description	Quantity	Unit Price	Total
HS01_50	Making Sex Safer(pack of 50)			
HS02_50	Sexual Violence (pack of 50)			
HS03_50	Safer Sex (pack of 50)			
HS04_50	Acne Self-Care (pack of 50)			
HS05_50	HIV Infection and AIDS (pack of 50)			
HS06_50	Alcohol use (pack of 50)			
HS10_50	Dealing with Depression (pack of 50)			
HS12_50	Eating Disorders (pack of 50)			
HS14_50	Help a Friend: Drinking Problem (pack of 50)			
HS15_50	Managing the Common Cold (pack of 50)			
HS16_50	Recuperating from Stomach Illness: Dietary Recs (pack of 50)			
HS20_50	Sexually Transmitted Infections (pack of 50)			
HS21_50	So, You Have Mono: Taking the Next Step (pack of 50)			
HS23_50	Birth Control: methods (pack of 50)			
HS26_50	Know Your Status: Getting yourself tested for HIV (pack of 50)			
HS29_50	Stress in College: What Everyone Should Know (pack of 50)			
HS30_50	Eating 101: Basic of Good Nutrition (pack of 50)			
HS31_50	HPV...Symptoms, Treatment, Prevention (pack of 50)			
HS32_50	Immunizations: Not Just for Children (pack of 50)			
HS37_50	Woman to Woman (pack of 50)			
HS38_50	Man to Man (pack of 50)			
HS39_50	Meningococcal Disease on Campus (pack of 50)			
HS40_50	Drugs: What Everyone Should Know (pack of 50)			
HS41_50	Sprains, Strains, and Over-use Injuries (pack of 50)			
HS42_50	A Good Night's Sleep (pack of 50)			

Notes and Instructions

Sub Total	
*Discount	
**Freight Costs	\$ 15.00
***Rush Order	\$
Handling Costs	\$ 3.00
Total Amount Due	\$

*20% discount applies to 20 packs or more for all ACHA members
 **Freight costs dependent on weight and destination
 *** For Rush Order, add \$15.00

METHOD OF PAYMENT

0 Visa 0 MasterCard 0 American Express

Card No: _____

CSV Code _____ Exp. Date: _____

Cardholder _____

Signature: _____

When sending checks, remit payment to:
American College Health Association
P.O. Box 419224
Boston, MA 02241-9224
Please indicate the invoice number or Purchase order number

If you have any questions about your order, please contact pubs@acha.org
 Tel: (410) 859-1500 opt. 6 Fax: (410) 859-1510 E-Mail: pubs@acha.org