

BILL TO

Name _____ Title _____
 Institution _____ ACHA Institutional Member ID # _____
 Street Address _____
 City/State/Zip _____
 Phone _____ E-mail _____

CONTACT PERSON

Name _____ Title _____
 Institution _____ ACHA Institutional Member ID # _____
 Street Address (No P.O. Box #s) _____
 City/State/Zip _____
 Phone _____ E-mail _____

Indicate school year participating in:

Beginning FALL Year: _____

Indicate type of patients surveyed:

Medical Mental Health/Counseling Both

SURVEY FEES FOR FALL AND SPRING *(with one combined report in Spring)*

Pricing for Participation	Quantity	ACHA Institutional Members	Non-Institutional Members	Amount
Participation Fee and Report Package: ✓ Link to survey results while in progress ✓ One Institutional Report <i>(all responses combined)</i> ✓ Institutional Data Set in Excel and SPSS ✓ Reference Group Report		\$500.00 ¹	\$750.00 ¹	
Each Additional 15 Provider Names		\$25.00	\$45.00	
5 Custom Questions ²		\$700.00	\$1,000.00	
Additional Institutional Report(s) <i>Price is per each additional report requested</i> <input type="checkbox"/> Mid-Year <input type="checkbox"/> Telehealth Visits Only <input type="checkbox"/> Medical Only <input type="checkbox"/> Mental Health/Counseling Only <input type="checkbox"/> Other _____		\$150.00	\$225.00	
TOTAL				

PAYMENT *Effective January 1, 2025 a \$4.95 convenience fee for all credit card transactions will be applied.

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

¹ Includes customizing survey for each student health service plus 15 provider names.

² For surveys that include more than five custom (extra) questions, the pricing will be the same but results of the custom questions will NOT be included in the Institutional Report. Custom questions will be included in the SPSS data files. Limit of 15 custom (extra) questions.

Remittance Address for Payment:

ACHA-PSAS, P. O. Box 419224, Boston, MA 02241-9224

Please be sure to include the order form when sending payment to the address above.

