



## ACHA Well-Being Assessment Order Form

### BILL TO

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

### PRIMARY CAMPUS CONTACT PERSON

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Institution \_\_\_\_\_ Campus Location (City/State/Zip) \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### SURVEY PRODUCTS

Indicate school year participating in: Beginning FALL Year \_\_\_\_\_

Sample size (students invited to take the survey):	ACHA Institutional Member Price	ACHA Non-Institutional Member Price	Total
Up to 5,000 students	\$2,500	OR \$3,750	= _____
5,001 - 10,000 students	\$3,500	OR \$5,250	= _____
10,001 - 20,000 students	\$4,500	OR \$6,750	= _____
20,001 or more students	\$5,500	OR \$8,250	= _____
Community Colleges/HBCU's/Tribal Colleges	\$1,500	OR \$2,250	= _____

**Please note 5 reminders, a standard thank you message, and 1 report package are already included in the fees above.**

	Quantity	ACHA Institutional Member Price	Non-Institutional Member Price	Total
Additional report package(s)	_____ X	\$400 OR	\$600	= _____
For extra custom questions, please contact ACHA-NCHA Program office for a quote.				= _____

#### Optional customizations (member price/non-member price):

Select one option (\$50/\$75); select up to 3 options (\$100/\$150); select unlimited options (\$300/\$450)

<input type="checkbox"/> Custom thank you email	<input type="checkbox"/> Custom end of survey page	<input type="checkbox"/> Custom "from" name	<input type="checkbox"/> Custom "from" email address	<input type="checkbox"/> Custom first page of survey
<input type="checkbox"/> Custom re-direct link	<input type="checkbox"/> Include logos or images	<input type="checkbox"/> Personalize with preferred first names	<input type="checkbox"/> Use different reminder letters	<b>Total =</b> _____

**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 \_\_\_\_\_ CSV (from back of card) \_\_\_\_\_ Billing Zip \_\_\_\_\_  
 Cardholder's Name \_\_\_\_\_ Signature \_\_\_\_\_

Please email order form with credit card payment to: [vhartman@acha.org](mailto:vhartman@acha.org)

Remittance address for check payment:

ACHA Well-Being Assessment, P. O. Box 419224, Boston, MA, 02241-9224

Please be sure to include this order form with your payment.