



## 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

Name:  
Institution Name:  
Address:

### Ship To

Name:  
Institution Name:  
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)			

Sub Total

\*Discount

\*\*Freight Costs \$ 15.00

\*\*\*Rush Order \$

Handling Costs \$ 3.00

**Total Amount Due \$**

### Notes and Instructions

\*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 [accounting@acha.org](mailto:accounting@acha.org)

Tel: (410) 859-1500

E-Mail: [accounting@acha.org](mailto:accounting@acha.org)