

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 _____

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	Subtotal
Participation Fee and Report Package: <input checked="" type="checkbox"/> Link to survey results while in progress <input checked="" type="checkbox"/> One Institutional Report (all responses combined) <input checked="" type="checkbox"/> Institutional Data Set in Excel and SPSS <input checked="" type="checkbox"/> Reference Group Report		\$850 ¹	\$1,250 ¹	
Five (5) Custom Questions ²		\$700	\$1,000	
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		\$200	\$300	
Optional Customizations <i>(member price/non-member price): Select one option (\$50/\$75); select up to 3 options (\$100/\$150); select unlimited options (\$300/\$450)</i>				
<input type="checkbox"/> Include provider images	<input type="checkbox"/> Split provider list	<input type="checkbox"/> Custom end survey page	<input type="checkbox"/> Custom first page of survey	
<input type="checkbox"/> Custom re-direct link	<input type="checkbox"/> Include images or logos	Customizations Total: _____		

¹ Includes customizing survey for each student health service plus 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.

TOTAL AMOUNT DUE: _____

PAYMENT

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 _____

REMITTANCE ADDRESS FOR CHECK PAYMENTS:

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.
 Please email order forms with credit card payments to vhartman@acha.org.

