

Note: The ACHA-PSAS Order Form has been reorganized and additional information has been added. The prices are unchanged.

ACHA-PSAS

American College Health Association **Patient Satisfaction Assessment Service**

Order Form

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 if participating in: FALL 2016 SPRING 2017 FALL AND SPRING with one combined report generated in Spring FALL AND SPRING with reports generated separately in Fall and Spring (see page 2 for survey fees)

SURVEY FEES FOR FALL ONLY OR SPRING ONLY OR FALL AND SPRING with one combined report in Spring

Pricing for Participation	Quantity	ACHA Institutional Members	ACHA Non-Institutional Members	Amount
Participation Fee and Report Package: 1) Link to survey results while in progress 2) Institutional Report 3) PowerPoint Presentation in chart format 4) Institutional Data Set in Excel and SPSS 5) Reference Group Report		\$400.00 ¹	\$675.00 ¹	
Each Additional 15 Provider Names		\$25.00	\$45.00	
Processing Fees		No Charge	No Charge	
User's Manual		No Charge	No Charge	
Reference Guide		No Charge	No Charge	
5 Custom (extra) Questions ²		\$700.00	\$850.00	
Special Report		\$150.00	\$250.00	
Special Excel Export ³		\$25.00 per export	\$25.00 per export	
TOTAL				

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 the results of the custom questions will NOT be included in the Institutional Report. The custom questions will be included in the PowerPoint presentation and the Excel and SPSS data files. For questions that are "select all that apply," each response category is counted as a separate question. There is a limit of 10 custom (extra) questions.

³ ACHA now has the ability for you to "collaborate" where you can download your CSV (Excel) file at any time for no cost. Contact Victor Leino (vleino@acha.org) for more information.

SURVEY FEES FOR FALL AND SPRING with reports generated separately in Fall and Spring				
Pricing for Participation	Quantity	ACHA Institutional Members	ACHA Non-Institutional Members	Amount
Participation Fee and Report Package: 1) Link to survey results while in progress 2) Institutional Report 3) PowerPoint Presentation in chart format 4) Institutional Data Set in Excel and SPSS 5) Reference Group Report		\$500.00 ¹	\$775.00 ¹	
Each Additional 15 Provider Names		\$25.00	\$45.00	
Processing Fees		No Charge	No Charge	
User's Manual		No Charge	No Charge	
Reference Guide		No Charge	No Charge	
5 Custom (extra) Questions ²		\$1000.00	\$1200.00	
Special Report		\$150.00	\$250.00	
Special Excel Export ³		\$25.00 per export	\$25.00 per export	
TOTAL				

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 the results of the custom questions will NOT be included in the Institutional Report. The custom questions will be included in the PowerPoint presentation and the Excel and SPSS data files. For questions that are "select all that apply," each response category is counted as a separate question. There is a limit of 10 custom (extra) questions.

³ ACHA now has the ability for you to "collaborate" where you can download your CSV (Excel) file at any time for no cost. Contact Victor Leino (vleino@acha.org) for more information.

PAYMENT	
<input type="checkbox"/> Institutional Purchase Order # _____	<input type="checkbox"/> Check or money order payable to ACHA
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Card # _____ Exp. Date _____	CSV (from back of card) _____ Billing Zip _____
Cardholder's Name _____	Signature _____

Remittance Address for Payment
(You may fax this form if paying by credit card or purchase order.)

American College Health Association
P. O. Box 419224
Boston, MA 02241-9224
Fax: (410) 859-1510

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

For more information, contact Victor Leino at vleino@acha.org or (443) 270-4559.

