



## Web-based Survey Order Form

Before survey processing and report generation can be completed, you **must** send to ACHA the NFSHA Campus Demographic Survey.

### BILL TO

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

### PRIMARY NFSHA CAMPUS CONTACT PERSON

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Institution \_\_\_\_\_ ACHA Institutional Member ID # \_\_\_\_\_  
 Street Address (**NO P.O. BOX #s**) \_\_\_\_\_  
 \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### ORDER WEB-BASED SURVEYS AND PRODUCTS

Indicate if participating in  Fall or  Spring Year \_\_\_\_\_

	Quantity	ACHA Institutional Member Price	ACHA Non-Institutional Member Price		Total
Participation Fee _____ Survey costs include: • Initial survey contacts/email invitations • Three reminders to non-responders • Automatically generated email confirmation of survey submission • Processing all survey submissions	X (# of student contacts)	\$0.43	OR \$0.86	=	_____
Additional reminder(s) to non-responders _____	X	\$125	OR \$250	=	_____
Customized thank you message to all responders _____	X	\$125	OR \$250	=	_____
Additional report package(s) _____ <i>(1 report package is included in participation fee)</i>	X	\$300	OR \$500	=	_____
Extra custom questions _____	Contact ACHA-NFSHA program office for quote				_____
<b>Total Amount Due</b>					_____

### 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 \_\_\_\_\_ 3-Digit Verification # (from back of card) \_\_\_\_\_  
 Cardholder's Name \_\_\_\_\_ Signature \_\_\_\_\_

**Remittance address for payment (you may fax if paying by credit card or PO):**

**ACHA-NFSHA, P. O. Box 419224, Boston, MA, 02241-9224, Fax (410) 859-1510**  
**Please be sure to include this order form with your payment.**

For more information, contact E. Victor Leino, Ph.D., at [vleino@acha.org](mailto:vleino@acha.org) or (443) 270-4559.