

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 school year participating in: BEGINNING FALL Year _____

SURVEY FEES FOR 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) Institutional Data Set in Excel and SPSS 4) Reference Group Report		\$500.00 ¹	\$750.00 ¹	
Each Additional 15 Provider Names		\$25.00	\$45.00	
5 Custom Questions ²		\$700.00	\$1,000.00	
Optional Mid-Year Institutional Report		\$150.00	\$300.00	
TOTAL				

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 _____

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 SPSS data files. There is a limit of 15 custom (extra) questions.

Remittance Address for Payment (You may fax this form if paying by credit card or PO):
ACHA-PSAS, 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 Valerie Hartman at vhartman@acha.org or (443) 270-4552.



advocacy • education • research

www.acha.org/PSAS