ACHA NCHA
American College Health Association National College Health Assessment

Paper-based Survey Order Form

This order form does **not** include processing fees. Customers will receive an invoice for these fees **after** data processing. (See pricing information at www.acha-ncha.org/docs/ACHA-NCHA_Participation_Processing_Fees.pdf)

Before survey processing and report generation can be completed, you **must** send to ACHA the NCHA Campus Demographic Survey as well as administrative approval and/or Institutional Review Board (IRB) approval.

BILL TO

Name _____ Title _____

Institution _____ ACHA Institutional Member ID # _____

Street Address _____

_____

City/State/Zip _____

Phone _____ E-mail _____

SHIP TO

Name _____ Title _____

Institution _____ ACHA Institutional Member ID # _____

Street Address (**NO P.O. BOX #s**) _____

_____

City/State/Zip _____

Phone _____ E-mail _____

ORDER PAPER-BASED SURVEYS AND PRODUCTS

Indicate if participating in ☐ Fall or ☐ Spring Year _____

	Quantity		ACHA Institutional Member Price		ACHA Non-Institutional Member Price		Total
Paper Survey Scan Forms	_____	**X**	$0.55 ea.	**OR**	$1.00 ea.	=	_____
Reports Package Includes: • Institutional Data File in SPSS • Institutional Data Report • Institutional Executive Summary • Reference Group Data Report • Reference Group Executive Summary	(1 REQUIRED)	**X**	$300	**OR**	$500	=	_____
Survey Processing/Scanning Fee	**TBD**	**X**	$0.70 ea.	**OR**	$1.25 ea.	=	**INVOICED AFTER PROCESSING**
Additional Report Package(s)	_____	**X**	$300	**OR**	$500	=	_____
Extra Custom Questions	No charge – see User's Manual at www.acha-ncha.org						
						Total Amount Due	

PAYMENT (Invoice/receipt will be emailed to person entered in "BILL TO" above)

☐ (Members Only) 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 payment (you may fax if paying by credit card or PO):
ACHA-NCHA, 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 Christine Kukich, MS, at ckukich@acha.org or (443) 270-4563.

ACHA American College Health Association
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