



Non-Member Order Form

Date: _____

Name of Organization: _____

Site ID Number: _____

Name of CEO: _____

Name of Contact Person: _____

Contact Phone and Email: _____

PO Number :	
BillingAddress	ShippingAddress
Phone:	Phone:
Fax:	Fax:

Quantity	Description	Unit Cost	Total Cost
Survey Forms			
	Client Satisfaction Survey Forms (English) <small>each</small>	\$0.79 <small>each</small>	
	Client Satisfaction Survey Forms (Spanish) <small>each</small>	\$0.79 <small>each</small>	
	Referral Satisfaction Survey Forms (English) <small>each</small>	\$0.79 <small>each</small>	
	Referral Satisfaction Survey Forms (Spanish) <small>each</small>	\$0.79 <small>each</small>	
	Staff Survey Forms (preprinted with department names)	\$2.62 <small>each</small>	
Survey Processing			
	Scanning of Client or Referral Forms	\$ 1.31 <small>each</small>	
	Staff Survey Processing and Standard Report	\$ 13.12 <small>each</small>	
	Transcribe Comments from Survey Forms	\$131.22	
Survey Reports			
	Standard Report	\$ 75.00	
	Standard Statistics Pages Report	\$ 75.00	
	Comparative Statistics Pages Report	\$ 75.00	
	Comparative Report	\$250.00	
	Comparative with Narrative Report	\$250.00	
	Additional Staff Statistics Pages (per Department or \$250 for all 8)	\$ 50.00	
Check all that apply			
<input type="radio"/> Email PDF version of Completed Reports		<input type="radio"/> Email Data File	
		<input type="radio"/> Return Scanned Surveys	

Updated 01/2017

You may include this form with your surveys, fax to (850-942-0560), or email it to **mhca** (cbarnes@mhca.com). Email or phone us with any questions (850-942-4900).

Mail surveys to: **mhca**, 1876 Eider Court, Suite A, Tallahassee, FL 32308