

Employee Satisfaction Survey Order Form



Date: _____

Name/title: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Total Number of Surveys Requested:

Employee Satisfaction Survey English _____

Please select one: Electronic Paper

Site/Provider Information (attach additional pages if needed):

Names of Sites:

1. _____
2. _____
3. _____
4. _____
5. _____

Email Order To: acampbell@midwestclinicians.org

Payment

MWCN Members:

- ____ \$1.00 per survey
____ \$15.00 shipping/handling
____ \$175.00 processing fee

Total cost: _____

Non-Members:

- ____ \$1.50 per survey
____ \$15.00 shipping/handling
____ \$175.00 processing fee

Total cost: _____

Payment Options:

- Email: send me an invoice to pay by check.
 Email: send me a link to pay by credit card on PayPal.
 By Mail: check and order form included.

Make checks payable to:

Midwest Clinicians' Network
321 West Lake Lansing Road
East Lansing, MI 48823