

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. _____

Benefits of using this survey:

- Reports are being processed confidentially outside of the organization
- You will receive aggregated data from other health centers that can be compared with your own
- Time/resources saved at your health center
- Electronic copies of reports

Process:

Instructions and blank surveys will be sent to the health center. Once the surveys have been filled out at the health center, the health center will send them back in one batch to MWCN. Surveys will be scanned and reports will be generated and sent back to health centers.

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

Email Order To: acampbell@midwestclinicians.org