



SURVEY ORDER FORM Members

To purchase any of the surveys listed below, complete and fax your order to 630-963-2800 or call us at (630) 963-7600 and ask for Jean Hannon, ext. 238. **Because of the confidentiality of these surveys, orders may be confirmed prior to shipping.** All surveys are shipped (if applicable) via UPS.

[Details about each survey can be found on our website: http://www.hrsorce.org/surveys/purchase-surveys.aspx](http://www.hrsorce.org/surveys/purchase-surveys.aspx)

Please indicate the survey(s) you wish to purchase:	PDF	PDF + Printed	Participant		Non-Participant	
			PDF	PDF + Printed	PDF	PDF + Printed
2010 National Executive Compensation Survey	<input type="checkbox"/>	<input type="checkbox"/>	FREE	\$25.00	\$400.00	\$425.00
2009/2010 National Policies & Benefits Survey	<input type="checkbox"/>	<input type="checkbox"/>	\$60.00	\$85.00	\$350.00	\$375.00
2009/2010 Chicagoland Policies & Benefits Survey	<input type="checkbox"/>	<input type="checkbox"/>	FREE	\$25.00	\$350.00	\$375.00
2010 Wage Survey	<input type="checkbox"/>	<input type="checkbox"/>	FREE	\$25.00	\$375.00	\$400.00
2010 Salary Survey	<input type="checkbox"/>	<input type="checkbox"/>	FREE	\$25.00	\$375.00	\$400.00
2009/2010 National Wage & Salary Survey	<input type="checkbox"/>	<input type="checkbox"/>	\$75.00	\$100.00	\$200.00	\$225.00
2010 Library Personnel Salary Survey	<input type="checkbox"/>	<input type="checkbox"/>	FREE	\$25.00	\$100.00	\$125.00
2010 Non-Profit Survey	<input type="checkbox"/>	<input type="checkbox"/>	FREE	\$25.00	\$100.00	\$125.00
2009 National IT & Engineering Compensation Survey	<input type="checkbox"/>	<input type="checkbox"/>	FREE	\$25.00	\$300.00	\$325.00
2009/2010 National Sales Compensation & Practices Survey	<input type="checkbox"/>	<input type="checkbox"/>	FREE	\$25.00	\$300.00	\$325.00
SUBTOTALS \$						
			+ \$10 for Shipping (if printed is chosen)			
			GRAND TOTAL DUE \$			

Name: _____

Email address (required for PDF): _____

Organization: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Payment Type: Visa Master Card AmEx Invoice me

Credit Card Number: _____ Name on Card: _____

Expiration Date: _____

If you prefer to mail us a check, please make it payable to **The Management Association of Illinois** and send with this form to: 1400 Opus Place, Ste 500, Downers Grove, IL 60515