

PRFS Test and Scoresheets			
	Cost per	Cost per	
Quantity	package \$	Survey	Total
25	75.00	3.00	\$
50	137.50	2.75	\$
100	250.00	2.50	\$
200	450.00	2.25	\$
500	1000.00	2.00	\$
Subtotal			\$

If your organization is Ohio-based, add 7% \$ Total: \$

If your organization is Ohio-based and no-for-profit, please includea cocpy of the appropriate tax exempt form.

Order Information	
Name:	
Facility:	
Address:	
City:	
State:	Zip:
Phone:	
Alternate Phone:	
email:	

Please include Purchase Order with this form.

This form may be emailed to: prfs@deltapsychologycenter.com or mailed with payment to:
Psychosocial Risk Factor Survey
PO Box 104
Urbana, OH 43078