



## Survey Order Form

| Survey  | Participant                      | Non-Participant                   | Total |
|---|----------------------------------|-----------------------------------|-------|
| <input type="checkbox"/> 2010 Executive Compensation Survey of Not-For-Profit Organizations | <input type="checkbox"/> \$50.00 | <input type="checkbox"/> \$250.00 | \$    |
| <input type="checkbox"/> 2009 Board of Directors Compensation Survey                        | Complimentary                    | <input type="checkbox"/> \$125.00 | \$    |
| <input type="checkbox"/> 2009 Executive Compensation Survey of Privately-Held Companies     | <input type="checkbox"/> \$50.00 | <input type="checkbox"/> \$300.00 | \$    |
| <input type="checkbox"/> 2009 Annual Salary Budget Survey                                   | Complimentary                    | <input type="checkbox"/> \$100.00 | \$    |
| <input type="checkbox"/> 2009 Severance Survey  | Complimentary                    | <input type="checkbox"/> \$125.00 | \$    |
| <input type="checkbox"/> 2009 Turnover Survey   | Complimentary                    | <input type="checkbox"/> \$80.00  | \$    |
| <input type="checkbox"/> 2010 Salary Survey College Graduates and Interns                   | Complimentary                    | <input type="checkbox"/> \$95.00  | \$    |
| <i>Subtotal</i>   |                                  |                                   |       |
| <i>Shipping &amp; Handling (per copy) - \$15.00 (no charge for PDF format)</i>              |                                  |                                   |       |
| <i>Competitors Add \$200.00</i>   |                                  |                                   |       |
| <i>NJ Businesses add 7% Sales Tax</i>   |                                  |                                   |       |
| <b>Total Amount Due</b>   |                                  |                                   |       |

### SHIPPING INFORMATION

|              |  |            |  |
|--------------|--|------------|--|
| Company Name |  |            |  |
| Your Name    |  | Title      |  |
| Address      |  |            |  |
| City         |  | State, Zip |  |
| Phone        |  | Email      |  |

### BILLING INFORMATION

|                  |  |  |  |
|------------------|--|--|--|
| Card Type        | <input type="checkbox"/> Visa <sup>®</sup> | <input type="checkbox"/> MasterCard <sup>®</sup> | <input type="checkbox"/> American Express <sup>®</sup> |
| Address          |  |  |  |
| City, State, Zip |  |  |  |
| Card Number      |  |  |  |
| Expiration Date  | ( / )                                      |  |  |
| Name on Card     |  |  |  |
| Signature        |  |  |  |

For further information on **CRI's** surveys, contact **Andy Sellers, Manager of Surveys**, at:  
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 ats@compensationresources.com

Please complete form and return with check payable to:  
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Federal Tax ID : 52-1668892

[www.compensationresources.com](http://www.compensationresources.com)