

# **NYSPHSAA / NYSAAA ImPACT Order Form**

## **Organization:**

Company Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Primary Contact – AD: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

## **ATC Contact Person:**

Contact Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

## **Billing/Accounts Payable Contact Person:**

Contact Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

## **Who will be reading your clinical reports and interpreting your data?**

Contact Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Division I School (NYS Large School ADA of 600 or larger)

- 1 year Subscription – Single/Site License (4011) \$450.00**
- 3 year Subscription – Single/Site License (4133) \$425.00/yr.**  
*payable in 3 equal annual installments*
- 3 year Subscription – Sideline ImPACT Palm (4133) \$1,175.00**  
*payable in 1 installment*

Division II School (NYS Small School ADA of 599 or less)

- 1 year Subscription – Single/Site License (4011) \$350.00**
- 3 year Subscription – Single/Site License (4133) \$325.00/yr.**  
*payable in 3 equal annual installments*
- 3 year Subscription – Sideline ImPACT Palm (4133) \$950.00**  
*payable in 1 installment*

## **Order Form and Purchase Orders:**

Fax to: (610) 471-0968

Or

Email: LRUSSO@impacttest.com

## **Send Payments to:**

ImPACT Applications Accounts Payable

Box 200462

Pittsburgh, PA 15251-0462