Benchmarking Service Order Form

☐ **Sign us up for the Benchmarking Service**

☐ **Please renew our existing subscription**

☐ **We've changed our unit administrator, complete Section C.**

A. Customer Information

Name (Unit Administrator) _____

Title _____

Institution _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-mail _____

B. Payment Options

Indicate your form of payment for the **$795 annual fee:**

❑ My check or Purchase Order payable to AGB is enclosed. P.O.# _____

❑ Please charge my credit card: ❑ Mastercard ❑ Visa ❑ American Express

_____

Card Number Expiration Date

_____

Print name as it appears on card Signature

C. Change our contact information

Please provide complete contact information for the new Unit Administrator:

_____

Name of new Unit Administrator

_____

Title

_____

Phone **Fax**

_____

E-mail A confirmation e-mail will be sent directly to this individual.

_____

Former Unit Administrator

☐ Still with the institution

☐ No longer with the Institution

Mail or fax this completed form to:

AGB Benchmarking Service

1133 20th Street, Washington, D.C. 20036

Fax: 202-223-7053 or 202-775-8790

Questions? Call Jiyon Johnson at (202) 776-0823 or e-mail Benchmarking@agb.org.

For Office Use Only: TN____ DR ____ AP _____ CN _____