



PERFORMANCE PROGRAMS INC.

assessment, awareness, action

Norm Order Form

Complete the form below and return to PPI via fax (860) 388-6862

1. PROJECT CONTACT

Fill in the contact info of the person we should contact regarding project specifications and issues.

Full Name:	Company:
Email Address:	Phone:

2. BILLING INFORMATION

Attn: Email:	Company:
Street Address:	Phone:
City, State, Zip:	
Is a P.O. number needed for this order?	
Select indicate Payment Method (<i>Invoice OR Credit Card</i>) :	

Please charge my Credit Card (Accepted: MC Visa AX):
Exp. Date:
Full name on Credit Card:
Address associated with the Credit Card:
Select indicate Payment Method (<i>Invoice OR Credit Card</i>) :

Performance Programs, Inc.

P.O. Box 630 ~ Old Saybrook, CT 06475 ~ Phone: (800) 565-4223 ~ Fax: (860) 388-6862
www.PerformancePrograms.com ~ e-mail: Surveys@PerformancePrograms.com

3. CONFIRM WHICH NORM QUESTIONS YOU WOULD LIKE TO PURCHASE

*PPI offers norms for 86 of the most commonly asked employee survey questions.
 Norms are based upon more than 135,000 records since 1997.
 PPI norms are based on a 5 point agreement scale*

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

4. CONFIRM WHICH INDUSTRY

- GENERAL INDUSTRY
- INDUSTRY (please specify):

5. PRICING AND NORMS USAGE

Norms (General or Industry Specific)	Standard Price	Discount Price Option** Share your data with PPI
1 – 86	\$200 each	\$100 each after rebate*

****In order to receive the Discount price: we must receive the raw data (based on a 5-point scale) in a spreadsheet which we will provide.**

*Optional: Setup for special “customized norms” starting at \$300
 *Optional: Additional consulting / requests billed at \$ 450.00 / hour

We, _____ (company name) agree to use PPI norms for our internal use only, and will not make them available to any other company. We acknowledge they are for our company’s internal use and are not to be redistributed or resold.

Signed: _____ Title: _____ Date: _____