



**ACT Predictive Modeling Service
2008-2009 ORDER FORM**

Shipping Address:

Name

Position

_____ *Institution* _____ *College Code*

Street Address (Not PO Box)

_____ *City* _____ *State* _____ *Zip Code*

_____ *Phone* _____ *Fax*

E-Mail

Billing Address:

Name

Position

_____ *Institution* _____ *College Code*

Street Address or PO Box

_____ *City* _____ *State* _____ *Zip Code*

_____ *Phone* _____ *Fax*

E-Mail

Complete your order by checking the appropriate boxes below and signing the order form.

One year of ACT Predictive Modeling Service

- First year of service** \$8,875.00
- Price for institutions ordering in consecutive years** \$6,800.00

Include the following components in the Predictive Modeling Service (all four are included in the total fee)

- ACT Score-sender model
- ACT EOS model (if campus has participated in ACT EOS service)
- Inquiry Pool Model
- Retention Model (first- to second-year retention)

The signature of an authorized customer representative is required on this order form. The commencement date for the provision of Predictive Modeling Services will be thirty (30) days after the order form is completed and returned to ACT. If prepayment does not accompany the order form, an invoice will be sent. Unless renewed by the institution, the service will terminate one calendar year after the commencement date.

_____ *Authorized Signature* _____ *Position*

If your institution requires a purchase order, you must provide the purchase order number: _____.

<p>Mail your order to: Senior Consultant, EMS ACT, Inc. 500 ACT Drive PO Box 168 Iowa City, IA 52243-0168</p>	<p>Fax your order to: Enrollment Management Services at 319/337-1200</p> <p>Questions: Call ACT National Office at 319/341-2295</p>
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