

CollegeResponse Registration Form 2011-2012

To register online, visit us at: MentalHealthScreening.org/College

Contact Name _____ Department _____
 College/University _____
 Shipping Address (No PO Boxes) _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email (required) _____

Check if contact info is same as above

Counseling/Health Ctr. Contact Name _____
 Phone _____ Email _____

	Cost	Qty.	Total
National Depression Screening Day Kit - Shipped in August**			
In-person Kit \$150			
Online Screening \$150			
National Eating Disorders Screening Program Kit - Shipped in January**			
In-person Kit \$150			
Online Screening \$150			
National Alcohol Screening Day Kit - Shipped in August**			
In-person Kit \$150			
Online Screening \$150			
The DORA Project Kit			
The DORA Project Kit: \$125			
Combination			
All 3 in-person Kits & Online Screening Programs \$750			
All Three Online Screenings \$400*			
The DORA Project Kit and the NDS in-person kit \$175			
	TOTAL COST:		

*The online screening programs include assessments for: depression, generalized anxiety disorder, PTSD, bipolar disorder, alcohol use disorders and eating disorders

**Please contact our office if you would like kits shipped at another time of year.

Payment Information

Check Enclosed Check Number _____

All checks payable to: Screening for Mental Health

For faster processing please include the text "100-College" in the memo field of your check

Tax ID# 04-3221069 Purchase Order# _____

Credit Card American Express Discover MasterCard Visa

Account Number _____ Expiration Date _____

Name on Card _____

Return completed registration form with fee to:

Screening for Mental Health Inc. P.O. Box 984001, Boston, MA 02298-4001

Phone: 781-239-0071 Fax: 781-431-7447 www.MentalHealthScreening.org