

NYSPHSAA / NYSAAA ImPACT Order Form

For more information go to: <http://www.KeepYourHeadInTheGame.org>

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