

2021 Results Order Form



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CURRENT AS OF JANUARY 2021
PRICING SUBJECT TO CHANGE

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NORTHWEST HEALTHCARE EXECUTIVE COMPENSATION	17 th Ed.	\$990	\$495 or \$395	
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WASHINGTON PUBLIC EMPLOYERS	16 th Ed.	FTE: <150 150-250 250+ \$790 \$1,190 \$1,590	FTE: <150 150-250 250+ \$395 \$595 \$795	
NORTHWEST UTILITIES SALARY & WAGE	30 th Ed.	\$1,190	\$595	

* Summary Report available for \$495, if company size < 150 FTE (\$295 if survey participant)

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CONTACT INFORMATION FOR SURVEY RESULTS ORDER — ALL FIELDS REQUIRED

Name: _____ Title: _____

Company: _____ Company Size (# of FTE): _____

Address: _____
Street City State Zip

Email: _____ Phone: _____

BILLING INFORMATION - Complete if different from above

Invoice to: _____
Name email address

RESULTS/SHIPPING INFORMATION - If different from above

Results to: _____
Name email address