

Order Results for the 2017 Illinois Manufacturers' Association Compensation Survey

All Participants will automatically receive a free electronic copy of the survey report. Please fill out this form if you wish to order additional and/or custom reports.

Please place a check in the box below to indicate your selection and fill out your payment/mailling information in the table below. If you wish to order a custom report, please check the appropriate box below. Selection forms for these reports will be released after participation has been finalized. **When sending your payment via a check, please remember to include a print out of this form so that we can identify which survey options you wish to receive.**

Type of Report	Description	Member Participant	Member Non-Participant	Non-member Participant	Non-member Non Participant
Standard Report (PDF)	All + Demographics	<input type="checkbox"/> FREE	<input type="checkbox"/> \$250	<input type="checkbox"/> FREE	<input type="checkbox"/> \$750
Printed Report	All + Demographics	<input type="checkbox"/> \$100	<input type="checkbox"/> \$300	<input type="checkbox"/> \$600	<input type="checkbox"/> \$900
Custom Report	Select Peer Group*	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000
Index Report	Market Comparison**	<input type="checkbox"/> \$150	<input type="checkbox"/> N/A	<input type="checkbox"/> \$600	N/A

*Custom reports provide compensation data for a select group of peer companies that you choose.

**Index reports compare your organization's submitted data to the survey median rate for all jobs.

Organizations wishing to pay by check should mail payment to the following address:

**Attention: Janie Stanley
Revenue & Grant Administrator
Illinois Manufacturers' Association
220 East Adams,
Springfield IL 62701**

Please make checks payable to IMA

Payment Options:	<input type="checkbox"/> Check will be mailed*	<input type="checkbox"/> Credit card
Credit Card Payment:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Full Name on Credit Card:	_____	
Card Number:	_____	
Expiration Date:	_____	
Name:	Security Code**:	_____
Organization:	Title:	_____
Address:	_____	
City:	State:	Zip: _____
Phone Number:	Fax Number:	_____
Email:	_____	

*Please include a print out of this order form together with your check made out to IMA- checks sent without an order form cannot be reconciled to your purchase option.

** The three or four digit code located on the back of the card

Questions? Please contact Janie Stanley of the IMA at (217) 718-4214 or email jstanley@ima-net.org