



# ADA COMPLIANCE for employers Order Form

## Description of the Guide

This guide is designed to help companies meet the requirements of the ADA. It contains information, step-by-step guidelines, and sample forms and policies on:

- ADA basic employment nondiscrimination requirements
- Creation of ADA compliant job descriptions
- Identifying essential job functions
- How to best initiate and work through the interactive process required by the law
- Guidance on how to make a reasonable accommodation
- Nondiscrimination in recruitment and selection
- Medical examinations
- How ADA interacts with workers' compensation and the Family and Medical Leave Act (FMLA)
- Additional resources to help organizations comply with the provisions of the Act

### Step 1 CONTACT INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### How many guides do you need?

Prices are as follows:

QTY:	1-100	101-250	251-500	501-1000	1001 +
\$ per Package:	\$9.99	\$9.29	\$8.49	\$7.69	Contact Us

**SUB TOTAL**

**Qty** \_\_\_\_\_ **X Price per guide** \_\_\_\_\_ = \$ \_\_\_\_\_

### Step 2 CUSTOMIZATION

Please  if you want the following:

- Custom Cover (\$200)       Middle Insert (\$100)

**Customization Total**

\$ \_\_\_\_\_

#### Custom Cover (minimum order is 100 guides)

Customize the outside and the inside of the cover to include your organizations logo, advertisements, and a message.

#### Middle Insert (minimum order is 100 guides)

This insert is stapled into the middle of the guide and can include any information specific to your organization. Example might be a schedule of employee trainings, resources specific to your state or county, or company contact information. This insert is four pages total.

A representative from Incight will help you to design your customized cover and insert. For more information or assistance in creating a personalized guide, email [questions@incight.org](mailto:questions@incight.org) or call 971-244-0305.

**Continued**

**ADA COMPLIANCE**  
*for employers*  
**Order Form page 2**

**Step 3 SHIPPING AND HANDLING INFORMATION**

Shipping prices are as followed:

QTY:	1-3	4-15	16-50	51-100	101 +	<b>Shipping Total</b>
Shipping Price:	\$4.95	\$10.95	\$20.95	\$30.95	Contact Us	\$ _____

Ship to same address as contact information       Ship to address below

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Step 4 ORDER TOTAL - ADD STEPS 1,2 and 3 FOR YOUR TOTAL**      **TOTAL DUE \$** \_\_\_\_\_

**Step 5 PAYMENT PROCESS** (  one )     CHECK     VISA/MASTERCARD

Credit card # \_\_\_\_\_ Expiration date: \_\_\_\_\_

Billing Customer: \_\_\_\_\_ Billing Company: \_\_\_\_\_

Billing Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Step 6 RETURN THIS FORM WITH CHECK OR PURCHASE ORDER TO**

Incight  
Attn: ADA Compliance Guides  
310 SW 4th Ave., Suite 530  
Portland, OR 97204

If you have any questions, contact Incight at [questions@incight.org](mailto:questions@incight.org) Phone 971-244-0305 Fax: 971-244-0304