

University of Illinois Counseling Center Self-Help Brochure Order Form

Brochures are bundled in packages of 25. Please indicate how many packages of each brochure you would like. Brochure text can be viewed at counselingcenter.illinois.edu/brochures.

Brochure Title	Quantity	Each	Total
Abuse			
ADHD			
Adjusting to College			
Alcohol and Other Drug Use			
Anxiety			
Assisting a Friend Who May Have an Eating Disorder			
Being Assertive in a Multicultural World			
Body Size Diversity and Acceptance			
Coming Out			
Coping with Mental Illness in the Family			
Coping with Race-Related Stress			
Cross Cultural Journey for International Students			
Depression			
Eating Disorders			
Effective Sleep Practices			
Experiencing and Expressing Emotion			
First Generation College Students			
Grief and Loss			
Group Counseling			
Healthy Relationships			
Helping Distressed and Distressing Students			
Loneliness			
Managing School and Life Responsibilities			
Overcoming Procrastination			
Perfectionism			
Recovering from Shame			
Self-Esteem			
Sexual Violence			
Stress Management			
Suicide Prevention			
Test Anxiety			
Time Management			
Trauma			
Understanding Unhealthy Relationships in Your Family			
SUBTOTAL			
SHIPPING (see U.S. shipping rates to the right)			
ORDER TOTAL			

Continental U.S. Shipping/Processing Rates*	
1-20 packages	\$6
21-40 packages	\$7
41-60 packages	\$8
61-80 packages	\$10
81-100 packages	\$20
101-200 packages	\$30
201-300 packages	\$40
More than 300 packages	please call
*If ordering from Alaska, Hawaii, or Canada, please call for shipping rate.	

Shipping/Contact Information
Name
Organization
Address 1
Address 2
City
State
ZIP Code
Phone Number
Email

Payment for total amount must accompany order. Purchase orders are not accepted. We accept Visa, MasterCard, Discover, and American Express. Checks should be made payable to the University of Illinois.

Payment Information
<input type="checkbox"/> check <input type="checkbox"/> credit card
Credit Card Number _____
Exp. Date _____ Sec. Code _____ Billing ZIP _____
Signature _____

Return order form and/or check to:
University of Illinois Counseling Center 610 E. John Street, MC-306 Champaign, IL 61820
Fax: 217-244-9645
Phone: 217-300-9992
FEIN #: 37-6000511