KANSAS HEALTH CARE ASSOCIATION

2007 ORDER FORM

DATE: _____

ORDERED BY:

Name/Title: _____

Signature: _____

SHIP TO: (Please Print)

Facility/Company: _____

Company Address: _____

City/State: _____ **Zipcode:** _____

Phone: _____ **FAX:** _____

Check one: **KHCA/KCAL Member** ☐ **KHCA/KCAL Non Member** ☐

Name of Item Ordered	Price	Qty	Total

Add shipping & tax

KHCA MEMBER PRICES:

The Long Term Care Survey $40.00
The Long Term Care Enforcement Procedures $26.00
Both, as a set $55.00

Long Term Care Survey in 3 ring binder with Annual Subscription: $130.00

CMS LTC Resident Assessment Instrument $45.00
Disaster Planning Guide $ 75.00

Add shipping & tax

KHCA NON MEMBERS PRICES:

The Long Term Care Survey $48.00
The Long Term Care Enforcement Procedures $36.00
Both, as a set $75.00

Long Term Care Survey in 3 ring binder with Annual Subscription: $160.00

CMS LTC Resident Assessment Instrument $65.00
Disaster Planning Guide $100.00

Subtotal: _____

Add 13% Shipping/Handling: _____
(Minimum $4.00)

Subtotal: _____

Add Sales Tax @ _____**%:** _____

Total Order: $ _____

Payment Method:

☐ I'm a KHCA/KCAL Member, please bill

☐ Check Enclosed

☐ Pay by Credit Card

Account #

Exp Date Signature

Send your order to: Kansas Health Care Association 117 SW 6TH Ave., Suite 200, Topeka, KS 66603
email: kpoole@khca - Phone: 785/267-6003 - Fax: 785/267-0833

When paying in advance, please remember to add sales tax and shipping/handling.