

# KHCA

KANSAS HEALTH CARE ASSOCIATION  
2006 ORDER FORM

DATE: \_\_\_\_\_

**ORDERED BY:**

Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_

**SHIP TO:** (Please Print)

Facility/Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Name of Item Ordered	Price	Qty	Total

Payment Method:

I'm a KHCA/KCAL Member, please bill

Check Enclosed

Pay by Credit Card

Account # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

Subtotal: \_\_\_\_\_

**Add 13% Shipping/Handling:** \_\_\_\_\_  
(Minimum \$4.00)

Subtotal: \_\_\_\_\_

**Add Sales Tax @** \_\_\_\_\_ **%:** \_\_\_\_\_

**Total Order: \$** \_\_\_\_\_

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

	KHCA/KCAL MEMBER \$\$:	NON MEMBER \$\$:
The Long Term Care Survey	\$37.00	-- \$48.00
The Long Term Care Enforcement Procedures	\$25.00	-- \$36.00
<i>Both, as a set</i>	\$55.00	-- \$75.00
Long Term Care Survey in 3 ring binder with Annual Subscription:	\$130.00	-- \$150.00
CMS LTC Resident Assessment Instrument	\$45.00	-- \$65.00
Disaster Planning Guide <b>ON SALE</b>	\$ 67.50	-- \$90.00
	<i>Add shipping &amp; tax</i>	<i>Add shipping &amp; tax</i>

Send your order to:      Kansas Health Care Association 117 SW 6<sup>TH</sup> Ave., Suite 200, Topeka, KS 66603  
 email: kpoole@khca - Phone: 785/267-6003 - Fax: 785/267-0833      S/OfficeInfo/KHCA BOOK ORDER FORM

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