

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	\$ 75.00	-- \$110.00
	<i>Add shipping & tax</i>	<i>Add shipping & tax</i>

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 S/OfficeInfo/KHCA BOOK ORDER FORM

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