

HCS Report Order Form

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Quantity	Salary & Benefits Report	Base Report Price (Hard Copy or PDF)	Hard Copy	PDF	Excel Results Add-on ⁽¹⁾	Total
	2023-2024 CCRC	\$375	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> + \$300	
	<i>*LeadingAge Member Price</i>	\$300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> + \$300	
	2023-2024 Nursing Home	\$375	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> + \$300	
	<i>*LeadingAge/AHCA Member Price</i>	\$300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> + \$300	
	2023-2024 Assisted Living	\$375	N/A	<input type="checkbox"/>	<input type="checkbox"/> + \$300	
	<i>*LeadingAge/AHCA/NCAL Member Price</i>	\$300	N/A	<input type="checkbox"/>	<input type="checkbox"/> + \$300	
	2023-2024 Home Care	\$375	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> + \$300	
	2023-2024 Hospice	\$325	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> + \$300	
	2023-2024 Multi-Facility Corp. Comp.	\$675	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> + \$300	
	2023-2024 Rehabilitation	\$325	N/A	<input type="checkbox"/>	<input type="checkbox"/> + \$300	
	2023 Behavioral Health	\$375	N/A	<input type="checkbox"/>	<input type="checkbox"/> + \$300	
					Subtotal	
Questions? Call HCS at (201) 405-0075					Shipping (\$15 per Hard Copy)	
⁽¹⁾ The Excel files contain the salary + hourly data tables from the published Report and can only be purchased with the Report.					NJ Sales Tax (6.625% - NJ Only)	
The PDF + Excel files will be sent electronically to the email provided below. Books are shipped UPS, so please provide a street address for delivery. Additional shipping charges apply for AK and HI.					Order Total	

Shipping/email information for person receiving Report:

Name, Title: _____

Company: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____ Ext: _____ Email: _____

Method of Payment: American Express MasterCard Visa Check Purchase Order (Attach) _____

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Credit Card Number:

Expiration Date (MM/YY)

CVV

Card Holder's Name: _____

Billing Address: _____

Card Holder's Signature: _____

