

HCS Report Order Form

Fax to (201) 405-2110 or mail with payment to: HCS, PO Box 376, Oakland, NJ 07436

Quantity	Salary & Benefits Report	Report Price	Hard Copy	PDF	Excel ⁽¹⁾ Results + Report Price	Total
	2018-2019 Continuing Care Retirement Community	\$350	<input type="checkbox"/>	<input type="checkbox"/>	\$650	
	**LeadingAge Member Pricing	\$275	<input type="checkbox"/>	<input type="checkbox"/>	\$575	
	2018-2019 Nursing Home	\$350	<input type="checkbox"/>	<input type="checkbox"/>	\$650	
	**LeadingAge/AHCA Member Pricing	\$275	<input type="checkbox"/>	<input type="checkbox"/>	\$575	
	2018-2019 Assisted Living (Jan. 2019)	\$350	<input type="checkbox"/>	<input type="checkbox"/>	\$650	
	**LeadingAge/NCAL Member Pricing	\$275	<input type="checkbox"/>	<input type="checkbox"/>	\$575	
	2018 Behavioral Health	\$350	N/A	<input type="checkbox"/>	\$650	
	2018-2019 Home Care	\$350	<input type="checkbox"/>	<input type="checkbox"/>	\$650	
	2018-2019 Hospice	\$300	<input type="checkbox"/>	<input type="checkbox"/>	\$600	
	2018-2019 Rehabilitation	\$300	N/A	<input type="checkbox"/>	\$600	
	2018-2019 Multi-Facility Corporate Compensation (Jan. 2019)	\$675	<input type="checkbox"/>	<input type="checkbox"/>	\$975	
	2018-2019 Hospital/Physician	\$475	<input type="checkbox"/>	<input type="checkbox"/>	\$775	
*Hard copy orders are shipped UPS Ground. Additional charges apply for shipping to AK and HI. UPS requires a street address for delivery. Please call HCS for overnight service. Excel results must be purchased with Report. (1)Excel files contain the salary/hourly data tables from the published Report. Includes each Report section and shows the average, 10 th , 25 th , 50 th , 75 th , 90 th percentile, average, number of incumbents, and number of facilities for each Report grouping (i.e., county, state, bed-size, etc.) Does not include fringe benefits.					Subtotal	
					Shipping (\$15 per Hard Copy)*	
					NJ Sales Tax (6.625% - NJ Only)	
					Order Total	

Shipping/email information for person receiving Report:

Name, Title: _____

Company: _____

Street Shipping Address: _____

City, State, Zip: _____

Telephone: _____ Extension: _____ Email: _____

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

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Credit Card Number

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Expiration Date (MMYY)

Card Holder's Name: _____ CVV: _____

Credit Card Billing Address: _____

Card Holder's Signature: _____

Questions? Call (201) 405-0075