

## 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 <sup>(1)</sup>	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 (Available Jan. 2024)	\$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. (Available Jan. 2024)	\$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	
<b>Subtotal</b>						
<b>Questions? Call HCS at (201) 405-0075</b>					<b>Shipping (\$15 per Hard Copy)</b>	
<sup>(1)</sup> The Excel files contain the salary + hourly data tables from the published Report and can only be purchased with the Report.					<b>NJ Sales Tax (6.625% - NJ Only)</b>	
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.					<b>Order Total</b>	

**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: \_\_\_\_\_

