

HCS Report Order Form

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HCS, PO Box 376, Oakland, NJ 07436

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Salary & Benefits Report	Base Report Price (Hard Copy or PDF)	Hard Copy	PDF	Excel Results Add-on ⁽¹⁾	Total
2024-2025 Continuing Care Retirement Community	\$400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> + \$325	
<i>*LeadingAge Member Price</i>	\$325	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> + \$325	
2024-2025 Nursing Home	\$400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> + \$325	
<i>*LeadingAge/AHCA Member Price</i>	\$325	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> + \$325	
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	N/A	<input type="checkbox"/>	<input type="checkbox"/> + \$300	
2024-2025 Rehabilitation	\$350	N/A	<input type="checkbox"/>	<input type="checkbox"/> + \$325	
2024 Behavioral Health	\$400	N/A	<input type="checkbox"/>	<input type="checkbox"/> + \$325	
				Subtotal	
Questions? Call HCS at (201) 405-0075				Shipping (\$20 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: _____

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