

## 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 <sup>(1)</sup>	Total
2025-2026 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	
2025-2026 Nursing Home (Available July)	\$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	
2024-2025 Assisted Living	\$400		<input type="checkbox"/>	<input type="checkbox"/> + \$325	
<i>*LeadingAge/AHCA/NCAL Member Price</i>	\$325		<input type="checkbox"/>	<input type="checkbox"/> + \$325	
2024-2025 Home Care	\$400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> + \$325	
2024-2025 Hospice	\$350	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> + \$325	
2024-2025 Multi-Facility Corp. Comp.	\$675	N/A	<input type="checkbox"/>	<input type="checkbox"/> + \$325	
2024-2025 Rehabilitation	\$350	N/A	<input type="checkbox"/>	<input type="checkbox"/> + \$325	
2025 Behavioral Health	\$400	N/A	<input type="checkbox"/>	<input type="checkbox"/> + \$325	
	<b>Subtotal</b>				
<b>Questions? Call HCS at (201) 405-0075</b>	<b>Shipping (\$20 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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Billing Address: \_\_\_\_\_

