

HCS Report Order Form

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Salary & Benefits Report	Base Report Price (Hard Copy or PDF)	Hard Copy	PDF	Excel Results Add-on ⁽¹⁾	Total
2025-2026 Continuing Care Retirement Community	\$400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+ \$325
*LeadingAge Member Price	\$325	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+ \$325
2025-2026 Nursing Home	\$400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+ \$325
*LeadingAge/AHCA Member Price	\$325	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+ \$325
2025-2026 Assisted Living	\$400		<input type="checkbox"/>	<input type="checkbox"/>	+ \$325
*LeadingAge/AHCA/NCAL Member Price	\$325		<input type="checkbox"/>	<input type="checkbox"/>	+ \$325
2025-2026 Home Care	\$400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+ \$325
2025-2026 Hospice	\$350	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+ \$325
2025-2026 Multi-Facility Corp. Comp. (Available January 2026)	\$675	N/A	<input type="checkbox"/>	<input type="checkbox"/>	+ \$325
2025-2026 Rehabilitation	\$350	N/A	<input type="checkbox"/>	<input type="checkbox"/>	+ \$325
2025 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: _____

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