

HCS Report Order Form

Submit to orders@hhcsinc.com, fax to (201) 405-2110, or mail completed order form along with your check to:

HCS, PO Box 376, Oakland, NJ 07436

Order online at: www.hhcsinc.com

Salary & Benefits Report	Base Report Price (Hard Copy or PDF)	Hard Copy	PDF	Excel Results Add-on ⁽¹⁾	Total
2026-2027 Continuing Care Retirement Community	\$400	☐	☐	☐ + \$325	
<i>*LeadingAge Member Price</i>	\$325	☐	☐	☐ + \$325	
2026-2027 Nursing Home	\$400	☐	☐	☐ + \$325	
<i>*LeadingAge/AHCA Member Price</i>	\$325	☐	☐	☐ + \$325	
2025-2026 Assisted Living	\$400	☐	☐	☐ + \$325	
<i>*LeadingAge/AHCA/NCAL Member Price</i>	\$325	☐	☐	☐ + \$325	
2026-2027 Home Care (Available October)	\$400	☐	☐	☐ + \$325	
2026-2027 Hospice (Available November)	\$350	☐	☐	☐ + \$325	
2025-2026 Multi-Facility Corporate Compensation	\$675	N/A	☐	☐ + \$325	
2026-2027 Rehabilitation	\$350	N/A	☐	☐ + \$325	
2026 Behavioral Health	\$400	N/A	☐	☐ + \$325	
Subtotal					
Questions? Call HCS at (201) 405-0075					
Shipping (\$20 per Hard Copy)					
NJ Sales Tax (6.625% - NJ Only)					☐
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: _____

Billing Address: _____

