

# Residents' Rights Booklets Order Form

The Academy of  
Senior Health Sciences Inc.

Founded 2010

## SHIPPING INFORMATION

Facility Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## TOTAL AMOUNT

### Small Booklets (5 1/2" x 8 1/2")

Order in bundles of 50

M=member; NM=non-member; S/H=Shipping & Handling

		M	NM	plus	S/H
<input type="checkbox"/>	50.....	\$50	\$80		\$15
<input type="checkbox"/>	100.....	\$100	\$130		\$20
<input type="checkbox"/>	150.....	\$150	\$180		\$25
<input type="checkbox"/>	200.....	\$200	\$230		\$30

Booklets: \$ \_\_\_\_\_

S/H: \$ \_\_\_\_\_

Total: Booklets + S/H = \$ \_\_\_\_\_

## PAYMENT INFORMATION

Please circle payment type. Please call the Academy office at  
614/461-1922 or 800/999-6264 with any questions. The Academy accepts all major credit cards.

*Billing address must match shipping information above.*

Payment type:

Check # \_\_\_\_\_ Money Order # \_\_\_\_\_ Credit Card: M V Amex Disc

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Authorized Amount \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

## PLEASE RETURN TO:

The Academy of Senior Health Sciences, Inc.

17 S. High St., Suite 770

Columbus, OH 43215

Phone: 614/461-1922; 800/999-6264

Fax: 614/461-7168

Website: [www.seniorhealthsciences.org](http://www.seniorhealthsciences.org)

Email: [cmurray@seniorhealthsciences.org](mailto:cmurray@seniorhealthsciences.org)

Chris Murray