

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: _____

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: 614/461-0434

Website: www.seniorhealthsciences.org

Email: vgresh@seniorhealthsciences.org

Victoria Gresh, Executive Director