



ORDER FORM

Resident Rights Poster

Including HIPAA Information

Mail or fax your order form to:
WVLTCS
110 Association Drive
Charleston, WV 25311

FAX: (304)342-0519
Phone: (304)346-4575

POSTER PRICES AND QUANTITIES

(prices include shipping and handling)

	Member Rate	Non-Member Rate
1 st poster:	\$20.00	\$60.00
Each additional poster:	\$10.00	\$25.00

Please send Resident Rights Posters to:

Name: _____

Quantity: _____ Poster(s)

Facility: _____

Price: _____

Address: _____

Subtotal: _____

City/State/Zip: _____

Tax (7%): _____

Phone: _____

Total: _____

____ Please bill my facility (Members Only)

____ Check Enclosed