



# ORDER FORM

# *Resident Rights Poster*

*Including HIPAA Information*

**Mail or fax your order form to:**  
WVLTCS  
105 Capitol Street, Suite 200  
Charleston, WV 25301

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

## POSTER PRICES AND QUANTITIES

(prices include shipping and handling)

	<b>Member Rate</b>	<b>Non-Member Rate</b>
1 <sup>st</sup> 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