



# Resource Center Order Form

7413 Westshire Dr., Lansing, MI 48917  
Ph. 517-627-1561 - Fax 517-627-3016

## Skilled Nursing Resources

- 1. HCAM Rights of Residents in Michigan Nursing Facilities Booklets**  
sold in lots of 100
- 2. HCAM Rights of Residents in Michigan Nursing Facilities Poster**

	Member	Non-Member	Qty.	Amount
1. HCAM Rights of Residents in Michigan Nursing Facilities Booklets	\$75/lot	\$125/lot		
2. HCAM Rights of Residents in Michigan Nursing Facilities Poster	\$20 ea.	\$35 ea.		

All prices include shipping & handling. 6% MI Sales Tax must be collected on all publication purchases unless a MI Sales tax Certificate of Exemption is on file at the HCAM/MCAL office. Please send a copy of such exemption certificate with your order if it has not previously been provided.

Sub-Total	<input type="text"/>
6% MI Sales Tax	<input type="text"/>
Total	<input type="text"/>

Facility/Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_

E-mail \_\_\_\_\_

### Payment Information

**Please make checks payable to HCAM**

\_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SVV Code: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Zip Code: \_\_\_\_\_ Card Holder Signature: \_\_\_\_\_

**Please fax or mail completed form, with payment to the HCAM/MCAL Office:  
7413 Westshire Dr., Lansing, MI 48917 Fax: 517-627-3016**