



Resident Rights Poster Order Form

Resident Rights Poster (Comprehensive – Nursing Homes)

Revised in 2017, 18" x 24", with LeadingAge Indiana logo

Member Rate _____ x \$45 = _____
(Member rate applies to LeadingAge Indiana, HOPE and INALA members)

Non-Member Rate _____ x \$60 = _____

TOTAL: _____

Payment:

Check to LeadingAge Indiana

-or -

Credit Card (Visa MC AMEX)

Credit Card Number: _____ Exp. Date _____

Name on Card _____

Signature _____

Credit card billing address, if different from facility address:

Ship to:

Facility: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please mail or fax completed form to LeadingAge Indiana, PO Box 68829, Indianapolis, IN 46268
Phone: 317-733-2380 FAX: 317-733-2385