



## 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