

ORDER FORM — NHCA/NALA PRODUCTS CATALOG — MAY 2011

3900 NW 12th St Ste 100, Lincoln NE 68521 • Phone 402-435-3551 • Fax 402-475-6289 • www.nehca.org

Qty.	Item Description	Members	Non-Member	Total
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EDUCATIONAL TRAINING MATERIALS:

_____	Basic Nursing Assistant Training—Student Manual	\$38.00	\$57.00	\$ _____
_____	Basic Nursing Assistant Training—Instructor Manual	62.00	93.00	\$ _____
_____	Basic Nursing Assistant Pin	3.50		\$ _____
_____	Mandatory Inservices Training Modules for Nursing Facilities	44.95	90.00	\$ _____
_____	Medication Aide Training—Student Manual	29.00	58.00	\$ _____
_____	Medication Aide Training—Instructor Guide	60.00	90.00	\$ _____
_____	Medication Aide Pin	4.50		\$ _____
_____	Paid Dining Assistant Training (2004)—Student Manual	16.00	32.00	\$ _____
_____	Paid Dining Assistant Training (2004)—Instructor Guide	22.50	45.00	\$ _____
_____	Palliative Care in Long Term Care—Direct Care Staff Manual ..	44.95	59.95	\$ _____
_____	Palliative Care in Long Term Care—Professional Manual	69.95	94.95	\$ _____

ACTIVITIES PRODUCTS:

SCS Training Manuals (Purchase each SCS manual for \$25; purchase 2 for \$45; purchase 3 for \$65. For 2 or more manuals, the discounted price is not listed below, but will be reflected on your invoice.):

_____	The Healthcare Professional's Guide to Effective Documentation of Services in Long Term Care	\$25.00	\$25.00	\$ _____
_____	Communicating Quality of Life Principles to Staff and Families	25.00	25.00	\$ _____
_____	The Healthcare Professional's Guide to Providing Services to the Low-Functioning Resident	25.00	25.00	\$ _____

ADMINISTRATIVE MANUALS:

_____	2011 NHCA Wage Survey (Available July 2011)	\$150.00	\$300.00	\$ _____
_____	<u>LTC Survey Process Manual</u> (January 2011)			
_____	3-Volume Set (Book 1, 2, and 3) (January 2011).....	88.95	177.90	\$ _____
_____	Book 1 (January 2011).....	34.95	69.90	\$ _____
_____	Book 2 (January 2011).....	34.95	69.90	\$ _____
_____	Book 3 (January 2011).....	34.95	69.90	\$ _____
_____	2011 LTC Survey Updates	10.00	15.00	\$ _____
_____	RAI—Long Term Care Resident Assessment Instrument User's Manual for MDS Version 3.0 (2011)	49.95	75.00	\$ _____

Qty.	Item Description	Members	Non-Member	Total
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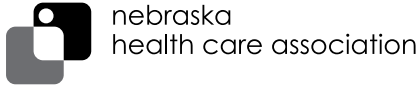
ADMINISTRATIVE FORMS/POSTERS:

_____	Advance Directives (Standard Print) (pkg of 25)	\$22.00	\$34.00	\$ _____
_____	Advance Directives (LARGE PRINT) (pkg of 25)	22.00	34.00	\$ _____
_____	Medication Confirmation (50 sets per pad)	7.50	10.00	\$ _____
_____	Nursing Facilities Forms and Tools	99.00	149.00	\$ _____
_____	Resident Rights for Nursing Facilities (Standard Print) (pkg of 25).....	22.00	34.00	\$ _____
_____	Resident Rights for Nursing Facilities (LARGE PRINT) (pkg of 25).....	22.00	34.00	\$ _____
_____	Poster: Nebraska Resident Advocacy Poster	7.50	10.00	\$ _____
_____	Poster Set: No Concealed Handguns Poster and Policy Statement.....	7.50	10.00	\$ _____
_____	Poster Set: Oxygen Storage and In Use Poster Set	10.00	15.00	\$ _____

PRODUCTS FOR ASSISTED LIVING:

_____	2011 NALA Wage Survey (Available July 2011)	\$150.00	\$300.00	\$ _____
_____	Assisted Living Policies and Procedures—Complete Set	275.00	350.00	\$ _____
	(Includes Packages 1, 2, 3, and 4)			
_____	Assisted Living Policies and Procedures—Package 1	70.00	90.00	\$ _____
_____	Assisted Living Policies and Procedures—Package 2	70.00	90.00	\$ _____
_____	Assisted Living Policies and Procedures—Package 3	70.00	90.00	\$ _____
_____	Assisted Living Policies and Procedures—Package 4	70.00	90.00	\$ _____
_____	Mandatory Inservices Training Modules for Assisted Living ...	44.95	90.00	\$ _____
_____	Medication Administration System Standard for Assisted Living Facilities (2011)	\$15.00	\$20.00	\$ _____
_____	Poster Set: No Concealed Handguns Poster and Policy Statement.....	7.50	10.00	\$ _____
_____	Poster Set: Oxygen Storage and In Use Poster Set	10.00	15.00	\$ _____
_____	Resident Rights for Assisted Living (Standard Print) (pkg of 25) ..	22.00	34.00	\$ _____
_____	Resident Rights for Assisted Living (LARGE PRINT) (pkg of 25) ..	22.00	34.00	\$ _____
_____	Resident Service Agreement Package	69.95	104.95	\$ _____

To order the LPNAN Cookbook, use the LPNAN Cookbook Order Form on Page 17.



advocate. educate. support.

NHCA AND NALA GOING PAPER-LIGHT

In an effort to be the best possible stewards of the earth's resources and members' dues, NHCA and NALA are projected to be paper-light by the end of 2011. Be sure you and your colleagues continue to receive product, event and member information by keeping your e-mail address up to date with NHCA/NALA. Submit changes to your e-mail address to karenj@nehca.org.

→ **Personal Associate, Student, Business Members, and Non-Members are REQUIRED TO PRE-PAY on all orders. If you are not a member of NHCA or NALA, please pay the non-member fee.**

PLEASE READ: Effective May 2011. All previous editions are obsolete. Prices are subject to change. Products are updated throughout the year. Please check the product catalog at www.nehca.org for the most current product offering and prices. A late payment fee is computed by a monthly rate of 1.5% on all orders past due 60 days. Please allow 1-2 weeks for delivery.

PRODUCT RETURN POLICY: Any products with CDs are not returnable. All orders must be returned or postmarked within ten (10) business days of invoice date. A restocking fee of 15 percent will be charged on all returns. All returned items must be in resalable condition. Defective items returned within 30 days of invoice date will be replaced with the same product or similar product at NHCA/NALA discretion.

**Nebraska Health Care Association
Nebraska Assisted Living Association**
3900 NW 12th St Ste 100, Lincoln NE 68521
P: 402-435-3551 F: 402-475-6289 www.nehca.org

SHIPPING INFORMATION

Fax or Call In Your Order for the Earliest Possible Delivery!

Person Ordering _____
E-mail _____
Facility _____
Address _____
(If PO box number, also include street address location for UPS delivery)
City _____ State _____ Zip _____
Phone (include area code) _____
Date _____ Purchase Order Number _____
 Member Non-member

BILLING INFORMATION

SALES TOTAL OF BOTH SIDE 1 AND SIDE 2: \$ _____
Shipping and Handling (15% of total, MINIMUM of \$5.50, MAXIMUM of \$45.00) \$ _____
Taxable Amount (Sales Total + Shipping and Handling) \$ _____
Sales Tax (Your city tax + state tax of 5.5% x Taxable Amount) \$ _____
TOTAL AMOUNT DUE (Taxable Amount + Sales Tax) \$ _____

- PLEASE BILL (Member Facilities Only)**
- CHECK ENCLOSED (Make checks payable to NHCA or NALA)**
- BILL MY CREDIT CARD FOR \$ _____**
CREDIT CARD INFORMATION: To pay by credit card, complete the information below (please print) or call 402-435-3551.

Cardholder's Name (PRINT) _____
Credit Card Number _____
Security Code # on Card Back _____ Expiration Date _____
Cardholder's Billing Address, City, State, Zip _____

Cardholder's E-mail _____
Signature _____
Your signature will authorize this transaction

OFFICE USE ONLY: PERSON PICKING UP MERCHANDISE

Print Name _____
Signature _____ Date _____
Staff Person Assisting _____