



# 2017 ALF/RCF Salary Survey Report

## ORDER FORM

**OHCA MEMBERS: \$75.00, NON-MEMBERS: \$250.00**

**All facilities that completed the survey in-full, have received their free copy.**

*Please Print Clearly*

Number of ALF/RCF Salary Survey Reports Ordered: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Attention To: \_\_\_\_\_

Telephone No.: (        ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Paying by Check

\_\_\_\_\_ Enclosed is the OHCA member fee of \$75 per copy ordered

\_\_\_\_\_ Enclosed is the non-member fee of \$250 per copy ordered

Send payment to:                    OHCA, 11740 SW 68<sup>th</sup> Parkway, Ste. 250, Portland, OR 97223

Phone: 503-726-5260 • Fax: 503-726-5259

### Paying by Credit Card

VISA \_\_\_\_\_                    MasterCard \_\_\_\_\_                    American Express \_\_\_\_\_

Card # \_\_\_\_\_                    Expiration Date \_\_\_\_\_                    3-Digit Security Code \_\_\_\_\_

Zip code under which the card is registered: \_\_\_\_\_

Print Name as it appears on the card: \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Send payment to:                    OHCA, 11740 SW 68<sup>th</sup> Parkway, Ste. 250, Portland, OR 97223

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