

Kiosk Brochure Order Form



Please utilize this form to request additional brochures to replenish your facility's kiosk. Mail or fax the completed form to the address listed above.

BROCHURES REQUESTED BY:

Facility: _____















Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Contact Phone: _____ Contact Email: _____

INDIVIDUAL BROCHURES REQUESTED (50 COPIES OF EACH BROCHURE INDICATED):

- | | |
|--|---|
| <input type="checkbox"/>  Considering a Living Will | <input type="checkbox"/>  Long-Term Care Payment Options |
| <input type="checkbox"/>  Financial Exploitation | <input type="checkbox"/>  Medicaid HCBS Elderly Waiver Program |
| <input type="checkbox"/>  Financial Power of Attorney | <input type="checkbox"/>  Resident and Family Councils |
| <input type="checkbox"/>  Health Care Power of Attorney | <input type="checkbox"/>  Residents' Rights |
| <input type="checkbox"/>  Involuntary Discharge | <input type="checkbox"/>  Managed Care Ombudsman Program |
| <input type="checkbox"/>  Long-Term Care Choices | <input type="checkbox"/>  Sexuality & Aging: Debunking the Myths |
| <input type="checkbox"/>  Long-Term Care Ombudsman | <input type="checkbox"/>  Volunteer Ombudsman Program |

COMPLETE SET OF BROCHURES REQUESTED (50 COPIES OF EVERY BROCHURE LISTED ABOVE)