

# FLORIDA ASSOCIATION OF HOMES AND SERVICES FOR THE AGING

## PUBLICATIONS, PRODUCTS AND SERVICES ORDER FORM



### REGULATORY TRAINING WRITTEN COURSES

Items	Prices		Amount
<b>Alzheimer's Train-the-Trainer Written Course</b>	members _____	@ \$55 each	\$
	nonmembers _____	@ \$80 each	\$
<b>Defensive Documentation for CNAs Written Course</b> (In-service training – 1 Contact Hour)	members _____	@ \$35 each	\$
	nonmembers _____	@ \$50 each	\$
<b>Detection &amp; Prevention of Abuse, Neglect and Exploitation Written Course</b> (6 Contact Hours)	members _____	@ \$90 each	\$
	nonmembers _____	@ \$125 each	\$
<b>LPN Leadership and Supervision Written Course</b> (30 Contact Hours)  additional copies after the first book purchased members additional copies after the first book purchased nonmembers	members _____	@ \$330 1 <sup>st</sup> copy	\$
	nonmembers _____	@ \$450 1 <sup>st</sup> copy	\$
	_____	@ \$50 each	\$
	_____	@ \$70 each	\$

This course is being updated. Please do not order at this time.

### REGULATORY TRAINING MEDIA SERIES

		Media (Select One)	
<b>Domestic Violence and Human Trafficking</b> (2 Contact Hour*)	members _____	DVD _____ VHS _____	\$
	nonmembers _____	DVD _____ VHS _____	\$
<b>Domestic Violence: Dynamics and Interventions</b> (2 Contact Hour*)	members _____	DVD _____ VHS _____	\$
	nonmembers _____	DVD _____ VHS _____	\$
<b>The Facts about HIV/AIDS</b> (1 Contact Hour*)	members _____	DVD _____ VHS _____	\$
	nonmembers _____	DVD _____ VHS _____	\$
<b>Patient Safety: Preventing Medical Risks in Long-term Health Care Settings</b> (2 Contact Hours*)	members _____	DVD _____ VHS _____	\$
	nonmembers _____	DVD _____ VHS _____	\$
<b>Resident Abuse Prevention Program (RAPP)</b> (2 Contact Hours*)	members _____	DVD _____ VHS _____	\$
	nonmembers _____	DVD _____ VHS _____	\$
<b>All Four Regulatory Training Series</b> <i>20% Discount off average price of five videos</i>	members _____	DVD _____ VHS _____	\$
	nonmembers _____	DVD _____ VHS _____	\$
<b>Three of the Four Regulatory Training Series</b>	members _____	DVD _____ VHS _____	\$
	nonmembers _____	DVD _____ VHS _____	\$

- Domestic Violence and Human Trafficking
- The Facts about HIV/AIDS
- Patient Safety: Reventing Medical Risk in LTC Settings
- Resident Abuse Prevention Program

*15% Discount off average price of four videos*

**SUBTOTAL** ..... \$ \_\_\_\_\_

**\*Contact hour(s) is an additional charge of \$20 Member or \$27 Non-Member per person, per test, which is submitted with test(s).**



Continued



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## MISCELLANEOUS PRODUCTS & SERVICES ORDER FORM

Items	Prices		Amount
Membership Plaque (Members Only)	_____ @ \$15		\$ _____
Membership Directory (Members Only)	_____ @ \$24		\$ _____
Membership Information Packet	No charge		please send <input type="checkbox"/>
Exhibit Information	No charge		please send <input type="checkbox"/>
Convention Information	No charge		please send <input type="checkbox"/>
Educational Workshop Information	No charge		please send <input type="checkbox"/>
Preferred Business Associate Guide (Members Only)	No charge		please send <input type="checkbox"/>

SUBTOTAL From the front ..... \$ \_\_\_\_\_  
 SUBTOTAL From the back ..... \$ \_\_\_\_\_  
 Sales Tax: 7.5% ..... \$ \_\_\_\_\_

***If tax-exempt, a copy of your tax-exempt certificate MUST be included with this order. Thank You!***

**Prices include Shipping**

Check Enclosed     AMEX     Master Card     VISA    **TOTAL:** \$ \_\_\_\_\_

Make payable to  
 Florida Association of Homes and  
 Services for the Aging

All orders must be prepaid. Thank you!

**FAX orders: (850) 671-3790 (credit card orders only)**  
 (fax orders without payment cannot be processed)

Charge Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_   
 Print name as it appears on card

\_\_\_\_\_   
 Signature

**Mail orders with payment to:** Florida Association of Homes and Services for the Aging  
 1812 Riggins Road, Tallahassee, FL 32308 • Telephone (850) 671-3700

Please send to: \_\_\_\_\_ FAHSAID# 

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 Name/Title \_\_\_\_\_ (Office use only)  
 Facility/Organization Name \_\_\_\_\_  
 Street Address (not P.O. Box) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone #: (    ) \_\_\_\_\_ Fax #: (    ) \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

1/3/2011 JAC