



# ORDER FORM

Prices in U.S. Dollars

(Prices Subject to Change)

**T.R. - T.I.P.S., Inc.**

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<b>BILL TO:</b> Name: _____ Facility: _____ Address: _____ City, ST, Zip: _____ Phone: _____ Fax: _____	<b>SHIP TO:</b> _____ _____ _____ _____ <b>E-mail:</b> _____	<b>Date:</b> _____ <b>Payment Method (Circle)</b> <b>Bill Facility</b> <b>Cash</b> <b>Check #</b> _____ <b>Charge:</b> AE DS MC V <b>P.O. #:</b> _____  <i>(Delivery Information - For Office Use Only)</i> Took _____    Ship: _____    Other: _____
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QUANTITY	CODE	DESCRIPTION	UNIT \$	AMOUNT
<i>Purchase Any Manual and Disk of Same Title for \$195.00</i>				
	LT-A	Activity/T.R. Services for <b>Long Term Care</b> - Manual	(\$ 125.00)	
	LT-AD	Activity/T.R. Services for <b>Long Term Care</b> - Disk	(\$ 100.00)	
	AL-A	Activity/T.R. Services for <b>Assisted Living</b> - Manual	(\$ 125.00)	
	AL-AD	Activity/T.R. Services for <b>Assisted Living</b> - Disk	(\$ 100.00)	
	LT-S	Social Services for <b>Long Term Care</b> - Manual	(\$ 125.00)	
	LT-SD	Social Services for <b>Long Term Care</b> - Disk	(\$ 100.00)	
	AL-S	Social Services for <b>Assisted Living</b> - Manual	(\$ 125.00)	
	AL-SD	Social Services for <b>Assisted Living</b> - Disk	(\$ 100.00)	
	MME	Management Made Easy Software for Windows Vers. _____	(\$ 489.00)	
	MME-N	Management Made Easy Software - Each Additional Workstation License	(\$ 150.00)	
Top or Side	<b>FORMS</b>	<b>Please Indicate Printing Preference: Top _____ or Side _____ Loading</b>		
	LT-AA	Activity/T.R. Assessment <b>Long Term Care</b> - 50 pack	(\$ 25.00)	
	ST-AA	Activity/T.R. Assessment <b>Short Term-Rehab-Swing Bed</b> - 50 pack	(\$ 25.00)	
	AL-AA	Activity/T.R. Assessment <b>Assisted Living</b> - 50 pack	(\$ 25.00)	
	AQ	Activity/T.R. <b>Interests</b> Questionnaire - 50 pack	(\$ 10.00)	
	LT-SS	Social Service Assessment <b>Long Term Care</b> - 50 pack	(\$ 25.00)	
	ST-SS	Social Service Assessment <b>Short Term-Rehab-Swing Bed</b> - 50 pack	(\$ 25.00)	
	AL-SS	Social Service Assessment <b>Assisted Living</b> - 50 pack	(\$ 25.00)	
	SS-Hx	Social History - 50 pack	(\$ 10.00)	
	Cul-A	Cultural Awareness Assessment - 50 pack	(\$ 10.00)	
	LHR	Lifestyle, Habits, Routines Questionnaire - 50 pack	(\$ 10.00)	
	Spir-A	Spirituality Assessment - 50 pack	(\$ 10.00)	
Tape or CD	<b>Educ. Progs.</b>	<b>Education Made Easy™</b> Indicate Tape (\$34) _____ or CD (\$39) _____		
	EP-Low 1	Programming for Low Functioning: Part 1		
	EP-Low 2	Programming for Low Functioning: Part 2 (Coming Soon)		
	Surv-A	Activity/T.R. Services <b>Survey-Made-Easy™</b>	(\$ 55.00)	
	Surv-D	Dietary Services <b>Survey-Made-Easy™</b>	(\$ 50.00)	
	Surv-N	Nursing Services <b>Survey-Made-Easy™</b>	(\$ 60.00)	
	Surv-S	Social Services <b>Survey-Made-Easy™</b>	(\$ 55.00)	
	CP-1Cult	<b>Care Plans</b> for Culture Change™ - Interdisciplinary & Resident Directed	(\$ 70.00)	
	CP-2Cult	<b>Care Plans</b> for Culture Change™ II-Cognitive Impairments, Alzheimer's, ...	(\$ 70.00)	
	MDS 3.0-A	<b>MDS 3.0 and the RAI Process</b> for Activities	(\$ 50.00)	
	Comft-1	Comforting Words™ Indicate <b>Large Print</b> (\$ 15.00) _____ or <b>Scenic</b> (\$ 20.00) _____		
	HIP-A	<b>HIPAA</b> Made Easy for Activity/T.R. Services	(\$ 75.00)	
<b>Credit Card Orders</b> Card Type (Circle): <b>AE</b> <b>Disc</b> <b>MC</b> <b>Visa</b> Acct. # _____ Credit Card Expiration Date _____ Card Holder Name (Print) _____ Card Holder Signature _____			<b>Merchandise Total</b> <b>Tax: IA add 7% (or Tax Exempt # _____)</b> Shipping & Handling <b>Total</b> Payment Received <b>Total Amount Due</b>	
<b>Office Use Only:</b> Cap # _____    Ref# _____    Match _____				

**Shipping/ Handling Fees:**

**\$6:** 1 CD Disk (manual); forms pack; **\$8:** CP Book; MDS 3 Book, Survey Workbook; Educ. Program (Tape or CD); MME Software; HIPAA; Comf. Words;  
**\$9:** 2-4 forms packs; **\$11:** Manual or Manual w/disk; **\$12:** 5-8 forms packs.

**Payment accepted by Check, Money Order, and Charge: American Express, Discover, MasterCard, or Visa.**

SERVICE CHARGE is applicable on past due accounts on amounts five (5) days past due, at the rate of 1.5% per month, which is equal to an ANNUAL PERCENTAGE RATE of 18%.

**Make Check Payable to: T.R. - T.I.P.S., Inc.; 3203 Avenue A; Council Bluffs, IA 51501 (712) 322-0026. TIN 42-1321559**  
 (A \$20 fee will be charged for any returned check.)