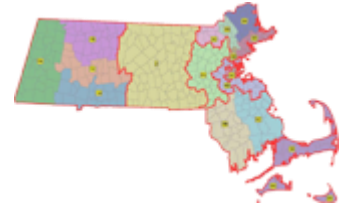




Massachusetts Long Term Care
Mutual Aid Plan



**ORDER FORM
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DESCRIPTION	COST**	QUANTITY	LINE TOTAL
MassMAP Manual	\$60.00 each		
**Cost includes tax & shipping		TOTAL: \$ _____	

<p style="text-align: center;">CREDIT CARD PAYMENT ONLY</p> <p>Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express Card</p> <p>Number: _____</p> <p>Expiration Date: _____ / _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p style="text-align: center;"><u>RETURN COMPLETED FORM TO:</u></p> <p style="text-align: center;">Mass Senior Care Association EMAIL: ddesimone@maseniorcare.org FAX: 617-558-3546 ATTN: Denise DeSimone</p> <p style="text-align: center;">For questions, please contact Denise DeSimone at 617-558-0202 or ddesimone@maseniorcare.org</p>
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