



## Enrollment Form

Facility Name \_\_\_\_\_ is pleased to travel the *Road to Excellence* and will strive to meet all the standards contained in the program.

Facility Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

By enrolling in the *Road to Excellence* campaign, your facility will automatically receive at no charge a complete *Road to Excellence* Manual, two posters to hang around your facility and 30 Road to Excellence buttons for the staff to wear.

To order additional Manuals, posters and buttons, please complete the following:

_____ Road to Excellence Manuals @\$100 per Manual =	\$ _____
_____ Posters at \$5.00 per poster =	\$ _____
_____ Packets of 10 buttons at \$10.00 per packet =	\$ _____
<b>Total Amount</b>	<b>\$ _____</b>

Send this completed form with check or credit card information for additional manuals, posters and buttons to your association at:

Illinois Health Care Association  
Road to Excellence  
c/o Debbie Belt  
1029 South Fourth Street  
Springfield, Illinois 62703  
Fax: 217-528-0452  
[dbelt@ihca.com](mailto:dbelt@ihca.com)

Illinois Council on Long Term Care  
Road to Excellence  
c/o Susan Gardiner  
3550 W. Peterson, Suite 304  
Chicago, IL 60659  
Fax: 773/478-0843  
[sgardiner@nursinghome.org](mailto:sgardiner@nursinghome.org)

Life Services Network  
Road to Excellence  
c/o Tess Kwiatkowski  
911 N. Elm, Suite 228  
Hinsdale, IL 60521  
Fax: 630/325-0749  
[tessk@lsni.org](mailto:tessk@lsni.org)

For Credit Card Orders:

IHCA and LSN: American Express, VISA, Master Card, and Discover

ICLTC: VISA, Master Card or Discover – no American Express

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Name of Card Holder: \_\_\_\_\_

Card Holder's Billing Address: \_\_\_\_\_