

Section Heading

- Apartments
- Continuing Care Retirement Community
- Independent Living
- Assisted Living
- Care Homes/Residential
- Memory Care
- Nursing/Rehab
- Day Care

Other _____ Please consult your Sales Representative for other sections

Please enter your information exactly as you want it to appear in the guide.
If you have questions about this form or need assistance, please call us at **800-869-9549**.

Name of Community _____

Street Address _____

City _____ State _____ Zip _____

Phone(s) _____

Optional Information

E-mail _____

Web Address _____

Number of Beds or Units _____ Private Pay Rates _____

Circle ALL that apply to this community.

- *Medicaid **Medicare NP (Non-participating in Medicare or Medicaid)
- VA (Veterans' Administration Contract)
- The Joint Commission Accredited

Circle ONLY services offered by this community.

- | | |
|------------------------------|---------------------------------|
| AL - Assisted Living | PT - Physical Therapy |
| DAY - Day Care | RT - Respiratory Therapy |
| IV - Intravenous Therapy | RHB - Rehabilitation Therapy |
| LTC - Long Term Care | RSP - Respite Care |
| MED - Medically Complex Care | SN - Skilled Nursing Care |
| MEM - Memory Care | ST - Speech Therapy |
| MM - Medication Management | SUB - Sub-Acute Care |
| OT - Occupational Therapy | TCH - Tracheostomy Care |
| Other - _____ | VENT - Ventilator Care |
| Other - _____ | WC - Wound Care |
| Other - _____ | WSS - Wandering Security System |

PLEASE READ AND COMPLETE ALL SECTIONS OF THIS FORM.

If you have purchased a listing with graphic, please submit the color photo or logo you wish to use. Keep in mind that it will be reduced to approximately one inch wide in the printed guide, so a simple, uncluttered image will work best.

ACTUAL SIZE
OF PHOTO
WHEN
PRINTED

Please use the space below to write a short description of the community you wish to advertise. See sample listing below.

Description text must be limited to **100 words**. If you type in the space below, approximately 7 lines of type can be used.

If you have purchased a **Listing with Graphic**, the character count must be limited to **75 words**. If you type in the space below, approximately 5 lines of type can be used.

If the text is too long, it will be edited to fit. The complete listing will be typeset and you will receive a proof for your approval before publication.

Enter your description text here, attach on a separate sheet, or use our online form available at:
<http://www.newlifestyles.com/listing-form/community>

This is a sample of how the listing will appear in New LifeStyles.
This is the exact type size, style and format that will be used.

<p>NAME OF YOUR COMMUNITY Your Street Address Your City, XX 12345 (555) 123-0000 info@yoursite.com www.yoursite.com 105 units</p> <p>AL, ALZ, RSP Please call for rates and a brochure. (Ad on page 4) MAP #30</p>	<p>We offer elegantly appointed studios and suites with private bath, 24-hour security, supervision of medications, personal care assistance, housekeeping and laundry services. We offer freedom, dignity and independence with the warmth and security of a community environment. Residents enjoy three meals daily in our beautifully appointed dining room with snacks and a cocktail hour. There is a fully stocked library and professionally supervised activities and recreation programs. Join us for a complimentary lunch and tour.</p>
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