MASSACHUSETTS HEALTH PROMOTION

ORDER FORM

CLEARINGHOUSE

Photocopy *this form and* ***FAX*** *your order to:* **617/536-8012**
or ***MAIL*** *your order to:* **Massachusetts Health Promotion Clearinghouse, The Medical Foundation, 95 Berkeley Street, Boston, MA 02116.**

Please do not double-order. Fax ***or*** *mail order form--do not do both!*

SHIP TO: (PLEASE PRINT)

Contact Name _____

Title _____

Organization _____

Address & room # _____
Please note: Deliveries cannot be made to a PO box

City _____ State _____ Zip _____

Phone _____ Fax _____

If you are ordering for an upcoming event, please indicate date:_____

Materials from the Massachusetts Health Promotion Clearinghouse are available free of charge to individuals and organizations in Massachusetts. Materials are available in bulk quantities unless otherwise indicated.

ITEM #	TITLE	LANGUAGE	QUANTITY

Photocopy additional blank order forms if more than one page is needed.

Please help us to distribute health promotion materials effectively by completing the following survey:

I am ordering these materials for ☐ myself ☐ local health department ☐ an organization listed below (please check one)

☐ Massachusetts Prevention Center
☐ state or federal agency
☐ hospital (dept: _____)
☐ private practice
☐ health center
☐ police/fire department
☐ HMO/MCO
☐ VNA
☐ nursing home
☐ elder agency
☐ multi-service agency
☐ day care/preschool
☐ school (K-12)
☐ school (professional)
☐ religious organization
☐ military
☐ fitness organization
☐ other: