

MCOH ORDER FORMⁱ

CUSTOMER INFORMATION

Name:

Employer:

Title:

Employer address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Home Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Are you a member of MCOH? Yes

No, please send me a membership application. Membership is **FREE** for 2008 to any individual or organization.

Please identify the print materials that you would like to receive and number of copies requested. Copies may be limited at MCOH discretion.

- Show Me Your Smile English ___ copies
- Show Me Your Smile Spanish ___ copies
- Show Me Your Smile English Flip Chart (binder) ___ copies
- Show Me Your Smile Spanish Flip Chart (binder) ___ copies

Note: The original Flip Chart is outdated but you may request copies with this in mind.

- Oral Health Fact Sheet, Adult, English ___ copies
- Oral Health Fact Sheet, Adult, Spanish ___ copies
- Oral Health Fact Sheet, Children, English ___ copies
- Oral Health Fact Sheet, Children, Spanish ___ copies
- Start Right ___ copies

Mailings will commence the week of July 7, 2008



Please E-mail this Form to SarahAGrim@aol.com

Date:

For internal staff only:
Date Received:

Date Mailed:

Request Filed:

ⁱ MCOH Order Form 2008.

