

## PROMO ORDER FORM

The following promotional items are available for public distribution to pharmacies, doctor's offices, clinics, municipal centres and others. Complete this form and Fax: 1-855-228-2099 or Email: info@healthsteward.ca.



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ORGANIZATION (if not pharmacy):		TITLE:	
STREET ADDRESS:		PHONE NUMBER: ( )	
CITY:	PROVINCE:	EMAIL ADDRESS:	
POSTAL CODE:	DATE:	HPSA UNIQUE ID # (IF PHARMACY):	
Public Education Materials		Pharmacy Information Kits	
Medications Return Program (BC, MB, ON, PEI):			
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☐ Bookmarks EN: Qty. of 100, 250, 500, or ☐ Bookmarks FR: Qty. of 100, 250, 500, or	☐ Rackcards EN: Qty. of 100, 250, 500, or ☐ Rackcards FR: Qty. of 100, 250, 500, or	SCP Instruction Sheet Qty. of 2, 5, or	Transport of the state of the s
Sharps Collection Program (MB, ON, PEI):		☐ MRP Brochure EN Ontario	
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☐ Bookmarks EN: Qty. of 100, 250, 500, or ☐ Bookmarks FR: Qty. of 100, 250, 500, or	☐ Rackcards EN: Qty. of 100, 250, 500, or ☐ Rackcards FR: Qty. of 100, 250, 500, or	☐ SCP Brochure EN Ontario  Qty. of 2, 5, or  ☐ SCP Brochure FR Ontario  Qty. of 2, 5, or	TAKE RAPPORTEZ- IT BACK LES
HPSA ONLY SECTION REC	EIVED BY:	DATE SENT:	



(do not fill out)