

ORDER FORM

The Greater Risk?

Disease vs. Vaccine

Order date: _____

Quantity	Description	Unit Price	Total
	The Greater Risk? Disease vs. Vaccine	10.00	



Method of payment:

- Check # _____. (Make check payable to Snohomish Health District)
- Visa ☐ or MasterCard ☐, Card # _____ Exp. date: _____
- Name as appears on card _____

Customer information:

Contact name:		Company name:		
Street address:		City:	State:	Zip:
Phone:	Fax:	Email:		

Ship to: (if different than billing address)

Contact name:		Company name:		
Street address:		City:	State:	Zip:
Phone:	Fax:	Email:		

☐ **Pick-up option:** (check the box if pick-up preferred)

Order by:

- Calling 425.339.5234 or
- Faxing the completed form to 425.339.5222 or
- Emailing the completed form to singram@snohd.org or
- Mailing the completed form to 3020 Rucker Avenue, Suite 208, Everett, WA 98201-3900

This area below reserved for Snohomish Health District use only

Order taken by:	Method taken by: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Order processed by:	Credit card authorization #:
Pin # (if applicable):	Shipped date:	Pick-up date:	Hand delivered by and date:

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