

Print and Mail Request Form for Pre-Printed Materials
 Professional Education Unit, Cancer Detection Section
 California Department of Public Health



Is your agency a *Cancer Detection Program: Every Woman Counts* provider?

If YES, please Exit Form and Contact Your Regional Contractor for pre-printed copies.

If NO, please Print and Mail Completed Request Form, along with your check or money order, to:

Cathy Hare
 CA Dept. of Public Health
 CDIC/Cancer Detection Section
 MS 7203
 PO Box 997377
 Sacramento, CA 95899-7377

**Make Check Payable to SDSU Research Foundation.
 No Cash or CODs. Please allow 4 weeks for delivery.**

1. Pricing Information:

Products may be available at no charge to program providers. Please contact your Regional Contractor for pre-printed copies. Costs to non-program providers are .20 per copy (for orders under 250) and .15 per copy (for orders of 250 or more).

2. Requested Materials:

		Quantity	x Cost per copy	= Subtotal
What to Expect During a Clinical Breast Exam	<i>English</i>			
What to Expect During a Clinical Breast Exam	<i>Spanish</i>			
Breast Self-Examination – Do It For Yourself	<i>English</i>			
Breast Self-Examination – Do It For Yourself	<i>Spanish</i>			

3. Shipping Address:

Name _____
First *Last*

Title _____

Agency _____

Address _____
Street or PO Box

City *State* *Zip*

Phone _____ **FAX** _____

E-mail _____