



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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STREET ADDRESS: _____		TITLE: _____	
PHARMACY NAME: _____		PHONE NUMBER: () _____	
CITY: _____	PROVINCE: _____	EMAIL ADDRESS: _____	
POSTAL CODE: _____	DATE: _____	MRP ACCOUNT # (IF PHARMACY): _____	

ITEM	QUANTITY	VISUAL
Bookmarks	English <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> _____ French <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> _____	
MRP Public Rack Card	English <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> _____ French <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> _____	
SCP Public Rack Card (ONTARIO & PEI ONLY)	English <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> _____ French <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> _____	

HPSA ONLY SECTION (do not fill out)	RECEIVED BY: _____	DATE SENT: _____
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Additional educational materials for pharmacists and pharmacy staff are available. Please contact info@healthsteward.ca to order a Pharmacy Information Kit.



HEALTH PRODUCTS
STEWARDSHIP ASSOCIATION

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