

INFORMATION RESOURCES ORDER FORM

PROVINCIAL SMOKING BAN RESOURCES 2004/05

PLEASE PRINT CLEARLY:				
Order Date:				
Your Name/Title:				
Company/RHA:				
Ship to Address:				
	Postal Code:			
Telephone #: Fax #:				
E-mail Address:				
Organization Type: ☐ Hospitality ☐ Workplace ☐ Health Agency ☐ Other (please indicate)				
Please put the number you require in the "Quantity" Column.				
Stock #	Description	Quantity	Unit of Measure	
MHPPSB1	7 STEP IMPLEMENTATION SHEET		EACH	
MHPPSB2	LAMINATED SUMMARY SMOKING LAW INFO SHEET		EACH	
MHPPSB3	WHAT YOU SHOULD KNOW ABOUT THE DANGERS OF 2ND HAND SMOKE FACT SHEET		EACH	
MHPPSB4	QUESTION & ANSWER SHEET		EACH	
MHPPSB5	NO SMOKING DOOR STICKER		EACH	
MHPPSB6	THANKS FOR NOT SMOKING TENT CARD		EACH	
MHPPSB7	NO SMOKING WALL SIGN		EACH	
MHPPSB8	NO SMOKING WINDOW STICKER		EACH	
MHPPSB9	OUTDOOR EATING AND DRINKING AREAS AND SIGN REQUIREMENTS		EACH	
			For office use only:	
Please fax or e-mail your order form to:			Received	
MATERIALS DISTRIBUTION AGENCY				
Fax Number: (204) 942-6212				
*E-mail: InformationResources@gov.mb.ca			Entered	
	ORDER FORM UPDATED AUGUST 12, 2004			

*For e-mail orders, please request an electronic copy of the order form via e-mail first.

Please allow 5 working days to fill this order.

Any back-orders will be noted and shipped at a later date when stock becomes available.

For more information please contact Materials Distribution Agency 945-3000