



POZ Health Information Poster Acceptance Form

A limited number of POZ Health Information Posters are available on a first-come, first-served basis. To have one or more installed in your office, indicate your acceptance by completing the form below.

Please fax the completed form to: 347-986-1402, or scan and email it to: posters@poz.com.

___ I wish to receive ___ (quantity) FREE POZ Health Information Poster(s) for my office.

Contact name: _____
 Contact title: _____
 Contact phone: _____
 Contact email: _____
 Organization: _____
 Address: _____

_____ Approximate number of client visits per month
 _____ Number of waiting rooms
 _____ Number of doctors (if any)

Type of office (choose one)

- AIDS Clinical Trial Unit
- AIDS Service Organization
- Clinic
- Community-Based Organization
- Complementary Therapy Practice
- Doctor
- Drug Treatment Center
- Educational Institution
- Faith-Based Organization
- Government-Based Organization
- Grant Foundation
- Hospital
- Housing Provider
- Legal Counsel
- LGBTQIA Center
- Pharmacy
- Prison or Prison Outreach Program
- Other _____

If you would like to receive complimentary copies of our magazines for your office, please indicate the quantity.

POZ	<input type="checkbox"/> 25	<input type="checkbox"/> 50	<input type="checkbox"/> 75	<input type="checkbox"/> 100	Real Health	<input type="checkbox"/> 25	<input type="checkbox"/> 50	<input type="checkbox"/> 75	<input type="checkbox"/> 100
Tu Salud	<input type="checkbox"/> 25	<input type="checkbox"/> 50	<input type="checkbox"/> 75	<input type="checkbox"/> 100	Hep	<input type="checkbox"/> 25	<input type="checkbox"/> 50	<input type="checkbox"/> 75	<input type="checkbox"/> 100
Cancer Health	<input type="checkbox"/> 25	<input type="checkbox"/> 50	<input type="checkbox"/> 75	<input type="checkbox"/> 100					

Would you be interested in POZ Health Information Posters in Spanish? Yes No
 Would you be interested in HIV Prevention Posters? Yes No
 Would you be interested in Hepatitis C Posters? Yes No