

SOMEONE YOU LOVE

THE HPV EPIDEMIC

DVD REQUEST FORM

First Name: _____ Last Name: _____

Title: _____ Email Address: _____

Organization Name: _____

Organization Address 1: _____

Organization Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Fax #: _____

Brief description of your target audience:

Please email this completed form along with the signed screening agreement to Dearline Thomas-Brown, MPH, BSN, RN, Executive Community Health Nursing Director for the Immunization Section at Dearline.Thomas-Brown@flhealth.gov. If you have any questions or need any additional information, please call her at 850-245-4342. Once we have received and processed your request we will mail your copy of the Someone You Love DVD.

Thank you!