

ORDER FORM FOR WOMEN'S WAY MATERIALS

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF CANCER PREVENTION AND CONTROL
SFN 51662 (10-2011)



NORTH DAKOTA RESIDENTS ONLY

Name	Date Ordered
Facility	Daytime Telephone
Street Address	Fax
City, State Zip Code	Date Needed (ship on Wednesdays)

BROCHURES AND HANDOUTS (please indicate number requested)

- _____ *Women's Way* program card (formerly *Women's Way* program brochure)
- _____ *Women's Way* program brochure specific to Native American Women
- _____ How to Examine Your Breast brochure
- _____ Breast Health at your Fingertips brochure – Turtle Mountain Native Women
- _____ Breast Health at your Fingertips brochure – Spirit Lake Native Women
- _____ Breast Health at your Fingertips brochure – Fort Berthold Native Women
- _____ Breast Health at your Fingertips brochure – Trenton Indian Service Area Native Women
- _____ Breast Health at your Fingertips brochure – Standing Rock Native Women
- _____ Breast Self-Exam (BSE) Monthly Reminder Stickers
- _____ What is a Pap Test? brochure
- _____ HPV and Cervical Cancer Fact Sheet

MISCELLANEOUS (please indicate number requested)

- _____ Breast Models – (Available on loan) - hand-held models for practicing BSE
- _____ *Women's Way* magnetic shopping lists

AMBASSADOR CARDS SETS – (each set contains instruction card and 8 business-size cards in holder that promote *Women's Way*)

- _____ number of sets requested

TO ORDER:

By Mail: *Women's Way*, N.D. Dept. of Health, 600 East Boulevard Avenue, Dept. 301, Bismarck, ND 58505-0200
By Telephone: Toll Free: 1.800.280.5512 (N.D. only) or Local: 328.2333
By Fax: 701.328.2036

