

Tobacco **Free** Arizona

Arizona Department of Health Services Bureau of Tobacco and Chronic Disease (ADHS BTCD)

Incentive Request Form

Name: Organization:

Phone: Email:

(use 10-digit format: 000-111-2222)

Shipping Address:

Address 2:

City: State: Zip Code:

Delivery Preference: ship order when ready call to schedule pick up when ready
(orders are normally shipped or ready for pick-up within 5 business days)

How will the incentives be used?

Incentives must be used as a tool for educational outreach for the appropriate age group.

How will the incentives be distributed?

Please detail the intended use for the incentives and the age range of your audience.

Code	Description (please include size and color for shirts)	Quantity
<input type="text"/>	<input type="text"/>	<input type="text"/>
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To order, email this form to palmerb@azdhs.gov or fax to 602-364-0844 ATTN: Ben Palmer
Use an additional form if necessary. For questions, please contact Ben Palmer, ADHS BTCD, 602-364-0829 or email palmer@azdhs.gov

▼ ADHS BTCD Use Only

Date Received	Date Processed	Additional Information	Tracking Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>