

Minnesota Department of Health Poster Order Form

Posters are 11" x 17", laminated, and free of charge.



_____ Number of Take Home Memories posters

_____ Number of Free Ride posters

_____ Number of Stay Healthy posters

Name: _____

Fair Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fair Dates: _____

Please fax this form to Marilyn Grant at 651-201-5743 or mail to:

Marilyn Grant
Minnesota Department of Health
Acute Disease Investigation and Control Section
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Phone: 651-201-5414