MINNESOTA DEPARTMENT OF HEALTH
POSTER ORDER FORM

Please mail _____ handwashing posters, _____ food/drink posters, and _____ how
diseases spread posters (at no charge) to:

Name:__________________________________________________________________

Fair Name:____________________________________________________________

Address:________________________________________________________________

City/State/Zip:___________________________________________________________

Phone:________/___________________________________

Dates of Fair: _______/_______/_______ to _______/_______/_______

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