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