

Child Passenger Safety Week 2009

Free Material Order Form

Requester's Information (Please Print)

Attention _____

Organization Name _____

Shipping Address (No PO Box) _____

City _____ State VA Zip _____

(_____) _____
Phone Number

<u>Material Description</u>	<u>Quantity</u>
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Buckle Up Virginia! Brochure	English_____ Spanish_____
Buckle Up Virginia! Poster	English/Spanish_____
Seat Belts Save Lives Brochure	English_____ Spanish_____
Pregnant Women and Seat Belts Brochure	English_____ Spanish_____
Be Safe, Be Smart Buckle Up Activity Book	English_____
Buckle Up Virginia! Growth Chart	English/Spanish_____
Safety Seat Installation DVD (limit of 1)	English/Spanish_____

Send or Fax Completed Form To:

Division of Injury and Violence Prevention
Virginia Department of Health
109 Governor St., 8th Floor
Richmond, VA 23219
Attention: CPSW 2009

Fax: 804-864-7748

