



# Outreach Materials Order Form

The Illinois Department of Public Health, Office of Women's Health, invites you to use the following brochures in your community outreach activities. Please indicate the number of brochures you wish to receive.

QUANTITY	NAME OF BROCHURES
	A Lifetime of Good Health ( <b>Spanish</b> ) - <i>includes recommended screening guidelines</i>
	Healthy Lifestyle Quiz for Women ( <b>English</b> ) <i>batches of 50</i>
	Healthy Lifestyle Quiz for Women ( <b>Spanish</b> ) <i>batches of 50</i>
	Healthy Lifestyle Quiz for Young Women and Girls ( <b>English</b> ) <i>batches of 50</i>
	Healthy Lifestyle Quiz for Young Women and Girls ( <b>Spanish</b> ) <i>batches of 50</i>
	Illinois Breast and Cervical Cancer Program ( <b>Please mark and specify amount</b> ): _____ <b>English</b> _____ <b>Spanish</b> _____ <b>Russian</b> _____ <b>Polish</b> _____ <b>Urdu</b> _____ <b>Tagalog</b> _____ <b>Korean</b> _____ <b>Chinese</b> _____ <b>Vietnamese</b>
	<b>English and/or Spanish</b> Individual Fact Sheets on various topics are available at: <a href="http://www.idph.state.il.us/about/womenshealth/concern.htm">http://www.idph.state.il.us/about/womenshealth/concern.htm</a>
	Pink Potluck Brochures ( <b>English</b> )
	Pink Potluck Brochures ( <b>Spanish</b> )
	Women and Heart Disease ( <b>English</b> ) - <i>batches of 100</i>
	Women and Heart Disease ( <b>Spanish</b> ) - <i>batches of 100</i>
	Women's Health Programs ( <b>English</b> )
	Women's Health Programs ( <b>Spanish</b> )
	Your Right to Know ( <b>English</b> )
	Your Right to Know ( <b>Spanish</b> )

I would like to be on the Office of Women's Health mailing list.

How did you hear about our office?

To find out about online women's health publications and information, please visit [www.idph.state.il.us](http://www.idph.state.il.us).

Please **PRINT CLEARLY** the required information for mailing of brochures as follows:

Date	
Name	
Organization	
Address	
City, State, ZIP Code	<b>COUNTY:</b>
Daytime Phone Number	

To order, please call the Women's Health-Line at **888-522-1282** (TTY: 800-547-0466) or mail or fax your request to:

**Illinois Department of Public Health**  
**Office of Women's Health**  
**535 W. Jefferson St., First Floor**  
**Springfield, IL 62761**  
**Fax number 217-557-3326**