

Alabama Public Health Training Network

ORDER FORM

Use this Order Form for programs produced after February 1, 2013.

Print and fill out this Order Form and return with payment.

Please note that we accept purchase orders, but we do not accept credit cards.

Date of Order _____

Billing Information _____

Name

Organization

Address

City State Zip Code

Phone

Fax

Shipping Information _____

My shipping address is the same as my billing address.

Name

Organization

Address

City State Zip Code

Phone

Email Address

Broadcast Date*	Program Title	DVD Price
*Broadcast date is optional if you know the name of the program.		
		\$300.00
		\$300.00
		\$300.00
		\$300.00

Check enclosed.
Please make checks payable to:
Alabama Public Health Association
(Federal ID Number: 63-0937081)

Mail Order Form to:
Alabama Department of Public Health
Video Communications Division
P.O. Box 303017, Suite 940
Montgomery, AL 36130-3017

Bill me.
An invoice will be sent to the billing address listed above.

Fax Order Form to:
(334) 206-5609

TOTAL (Shipping and handling included)	
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For more information:
alphtn@adph.state.al.us
(334) 206-5618

