



NH Healthy Lives
BREAST AND CERVICAL CANCER PROGRAM

ORDER FORM

**THERE IS NO CHARGE
TO ORDER THESE FORMS.**

(MAXIMUM 500 EACH)

Please contact the BCCP program for larger quantities.

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(IN CASE OF QUESTIONS REGARDING ORDER)


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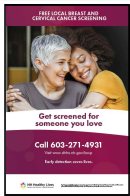
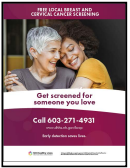

DOCUMENT SPECIFIC FOR: (CHOOSE CLINIC FROM DROPDOWN)

Email completed form to: gscomp@leg.state.nh.us

Heart Flyer Die Cut (8.5" x 9")		QUANTITY
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If you need a specific language **NOT** included in this list, please email Chandra.A.Zambruno@dhhs.nh.gov

Enter Clinic name and phone number you would like on translated materials

		ENTER QUANTITY NEXT TO LANGUAGE/TRANSLATION				
Rack Card (4" x 9")		QUANTITY English	Arabic	Kannada	Portuguese	Tagalog
			Bosnian	Kinyarwanda	Rohingya	Urdu
			Burmese	Laotian	Russian	Vietnamese
			French	Mandarin	Spanish	
			Hindi	Nepali	Swahili	
Poster (11" x 17")		QUANTITY English	Arabic	Kannada	Portuguese	Tagalog
			Bosnian	Kinyarwanda	Rohingya	Urdu
			Burmese	Laotian	Russian	Vietnamese
			French	Mandarin	Spanish	
			Hindi	Nepali	Swahili	
Poster (8.5" x 11")		QUANTITY English	Arabic	Kannada	Portuguese	Tagalog
			Bosnian	Kinyarwanda	Rohingya	Urdu
			Burmese	Laotian	Russian	Vietnamese
			French	Mandarin	Spanish	
			Hindi	Nepali	Swahili	
Postcard (6.25" x 4.25")		QUANTITY English	Arabic	Kannada	Portuguese	Tagalog
			Bosnian	Kinyarwanda	Rohingya	Urdu
			Burmese	Laotian	Russian	Vietnamese
			French	Mandarin	Spanish	
			Hindi	Nepali	Swahili	

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