

# MATERIAL ORDER FORM FOR HEALTH FAIRS AND CONFERENCES



The OAC welcomes the distribution of its educational resources at local health fairs and conferences. We are able to send a limited quantity of resources to events at no charge, subject to the available inventory and discretion of the OAC National Office. The OAC strongly encourages membership in the organization prior to submitting the request and welcomes general donations to support our educational efforts.

To request OAC resources for a health fair or conference, please complete all fields in the below form and submit it to the OAC National Office. Please give at least 2 weeks lead time to ensure your order is able to be fulfilled.

## EVENT DETAILS

Date of Event: \_\_\_\_\_ Name of Conference/Event: \_\_\_\_\_

Contact Name/Title of Requestor: \_\_\_\_\_ Is Requestor an OAC Member? \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Type of Event (*Health fair, conference, etc.*): \_\_\_\_\_ Expected Number of Attendees at Event: \_\_\_\_\_

## SHIPPING INFORMATION

(No PO boxes, please):

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## ORDER

RESOURCE:	QUANTITY:	RESOURCE:	QUANTITY:
OAC Introductory Informational Postcard	_____	<i>Understanding Severe Obesity</i> Brochure	_____
OAC Membership/Resources Brochure	_____	<i>Understanding Obesity Stigma</i> Brochure	_____
<i>Your Weight Matters Magazine</i> - OAC's Magazine	_____	<i>Understanding Excess Weight and its Role in Type 2 Diabetes</i> Brochure	_____
OAC Insurance Guide	_____	<i>Understanding Prediabetes and Excess Weight</i> Brochure	_____
<i>Understanding Obesity</i> Brochure	_____	<i>Understanding Excess Weight and Type 2 Diabetes: A Brochure for Individuals Diagnosed with Type 2 Diabetes</i>	_____
<i>Understanding Obesity</i> Poster (18x24)	_____		
<i>Understanding Childhood Obesity</i> Brochure	_____		
<i>Understanding Childhood Obesity</i> Poster (18x24)	_____		

## MEMBERSHIP AND DONATION INFORMATION

(optional, but encouraged)

Yes! I would like to join the OAC as a/an:

- Individual Member \$20/year
- Institutional Member\* \$500/year
- Chairman's Council Member\* \$1,000 and up/year

\* These membership levels have exclusive benefits.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Payment and Donation Information:

Please make checks payable to the OAC.

I'd like to make a general donation in the amount of \$\_\_\_\_\_.

Please charge my credit card the TOTAL amount of \$\_\_\_\_\_.

Visa®  MasterCard®  Discover®  Amex®

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**Return to:** OAC  
4511 North Himes Ave., Suite 250  
Tampa, FL 33614

**Fax to:** (813) 873-7838