



# Reminder Card

(2-sided Card)

# ORDER FORM

## OHIO ORDERS

If you reside and/or work in the State of Ohio, complete this portion of the order form.

**Card Quantity:**  
 \_\_\_\_\_ Cards x \$ **2** each

**Processing & shipping:**

No. of Posters	Regular	Fast	
1	4.10	10.50	_____
2 to 5	4.50	11.00	_____
6-10	5.00	11.25	_____
11-25	6.25	11.50	_____
26-35	7.00	11.75	_____
36-75	9.25	12.00	_____
75 + (Call Us)	-	-	_____

**Total:** = \$ \_\_\_\_\_

## NON-OHIO ORDERS

If you reside and/or work outside the State of Ohio, complete this portion of the order form.

**Card Quantity:**  
 \_\_\_\_\_ Cards x \$ **3** each

**Processing & shipping:**

No. of Posters	Regular	Fast	
1	4.10	10.50	_____
2 to 5	4.50	11.00	_____
6-10	5.00	11.25	_____
11-25	6.25	11.50	_____
26-35	7.00	11.75	_____
36-75	9.25	12.00	_____
75 + (Call Us)	-	-	_____

**Total:** = \$ \_\_\_\_\_

**Order Options**

**Payment Options**

Complete this form and (1) Scan it as a PDF and email it to us or (2) Fax it or (3) Mail it with your check.

Make checks payable to "Case Western Reserve University" and mail it to our office. To pay by credit card, call our office.

## MAIL TO

Your name: \_\_\_\_\_ Your title: \_\_\_\_\_

Organization name: \_\_\_\_\_ Department name: \_\_\_\_\_

Building name and room #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Zip/postal code: \_\_\_\_\_ +4 zip code: \_\_\_\_\_

Area code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Specs: 2-sided, 4 colors, 5" (w) x 11" (h)



## CONTACT US

Center for Evidence-Based Practices  
 Case Western Reserve University  
 10900 Euclid Avenue  
 Cleveland, Ohio 44106-7164  
 cebp-order@case.edu  
 216-368-0808 (phone)  
 216-368-6624 (fax)

FREE PDF + ORDER FORM + JOIN MAILING LIST

case.edu/socialwork/centerforebp/resources/mi-reminder-card

