

## Ovarian Cancer Educational Material Request Form

Please fill out the form completely in order for us to process your request.  
Please allow 1 - 2 weeks for processing.

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

Organization: \_\_\_\_\_

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

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

Material Type	Title	Quantity	Plans for Distribution	Target Population E.g. Caucasian women over 50
<b>Brochure</b>	<i>Ovarian Cancer, What You Need to Know*</i>		<input type="checkbox"/> Presentations <input type="checkbox"/> Health Fairs, Community Events <input type="checkbox"/> Display <input type="checkbox"/> Other:	
<b>Magnet</b>	<i>Ovarian Cancer Whispers....Listen for the Symptoms</i>		<input type="checkbox"/> Presentations <input type="checkbox"/> Health Fairs, Community Events <input type="checkbox"/> Display <input type="checkbox"/> Other:	
<b>DVD</b>	<i>Clinical Ovarian Cancer Detection: A Work in Progress</i>  <input type="checkbox"/> Check here if you would like the binder of info compiled for this program.		<input type="checkbox"/> Presentations <input type="checkbox"/> Health Fairs, Community Events <input type="checkbox"/> Display <input type="checkbox"/> Other:	

**Further instructions on reverse**

\* If you would like to modify the brochure, *Ovarian Cancer, What You Need to Know* to be more appropriate to the population you serve, please contact COCAP at (916) 779-0118 or [shauntay.davis@cdph.ca.gov](mailto:shauntay.davis@cdph.ca.gov).

This form can be faxed to (916) 779-2608 or mailed to:  
California Ovarian Cancer Awareness Program  
Attn: Shauntay Davis  
1825 Bell Street Suite 102  
Sacramento, CA 95825