



Public Health

Cancer Control and Prevention

Cancer Wave Educational Materials Request

Organization: Date:	
Requester Details	Name:
	Tel :
	Email:
	Requested representative Name:

Please attach your business card, if available

Cancer Wave Educational Materials Request Form	Limited Qty
Items	
Printed Educational Materials	
Leaflets/ Booklets	
<input type="checkbox"/> Breast Cancer	100
<input type="checkbox"/> Cervical Cancer	100
<input type="checkbox"/> Cervical Cancer Vaccination	100
<input type="checkbox"/> Colorectal Cancer	100
<input type="checkbox"/> Lung Cancer	100
Flayer	
<input type="checkbox"/> Steps to Breast Self-Examination	100
Roll up "Should be turned back to HAAD after your event"	
<input type="checkbox"/> Simply Check "3 Ribbons"	
<input type="checkbox"/> Breast Cancer	
<input type="checkbox"/> Cervical Cancer	
<input type="checkbox"/> Cervical Cancer Vaccination	
<input type="checkbox"/> Colorectal Cancer	
<input type="checkbox"/> Lung Cancer	