

**Greater Cleveland SAFE KIDS/Safe Communities Coalition
2012 Poison Prevention Awareness
Membership Participation Form**

Yes, our agency will conduct the Poison Prevention Awareness.

Community/ Group: _____

Approximate Date(s): _____

All items free of charge/quantities limited/while supplies last

Campaign Materials	Quantity
English Magnets	<input type="checkbox"/> 50 <input type="checkbox"/> 100
Spanish Magnets	<input type="checkbox"/> 50 <input type="checkbox"/> 100
Poison Hotline Stickers	<input type="checkbox"/> 50 <input type="checkbox"/> 100
Stickers I am Poison Smart Sticker	<input type="checkbox"/> 25 <input type="checkbox"/> 50
Poison Poster Contest Packet	<input type="checkbox"/> Yes
Adult Curriculum CD	<input type="checkbox"/> Yes
Student Curriculum CD (PreK – High School)	<input type="checkbox"/> Yes

Name of sponsoring agency: _____

Mailing address: _____

County: _____

Contact name: _____

Phone number: _____ E-mail address: _____

Please return responses via fax to 216-983-1180.

Office Use Only	
Date Filled: _____	Initials: _____
Date Sent/Picked Up: _____	Initials: _____
Activity Report? <input type="checkbox"/> Yes Date: _____	