



Agency Brochure Order Form

Name:
Phone:
Email:
Office:
Address:

(Address you would like the brochures mailed to ****no post office boxes****)

Please select the quantity of the brochures desired. **If requiring more than 150**, include the name of the event where the brochures will be needed in the space provided below.

MDRS	MDRS: Opportunities for Independence	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other <input type="text"/>
VR	Vocational Rehabilitation	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other <input type="text"/>
VR	Supported Employment	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other <input type="text"/>
VR	Transition & Youth Career Services	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other <input type="text"/>
VR	Career Exploration & Employability Skills	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other <input type="text"/>
VR	Informed Choice in the VR Process	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other <input type="text"/>
VR	MS Partners for Informed Choice (MPIC)	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other <input type="text"/>
VRB	Vocational Rehabilitation for the Blind	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other <input type="text"/>
VRB	Addie McBryde Rehabilitation Center	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other <input type="text"/>
VRB	VRB: <i>Independent Living for the Blind</i>	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other <input type="text"/>
OSDP	Office of Special Disability Programs	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other <input type="text"/>
AW	AbilityWorks: Business	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other <input type="text"/>
AW	AbilityWorks: Client	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other <input type="text"/>
OBD	Office of Business Development	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other <input type="text"/>
		50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other <input type="text"/>

**** If requesting more than 150 brochures,** please include the name of the event where the brochures will be provided.

Requested by:
Date:

SEND FORM TO:
 Office of Communications
 PO Box 1698 Jackson, MS 39215-1698