

Agency Brochure Order Form

Name: _____
 Phone: _____
 Email: _____
 Office: _____
 Address: _____

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

Scan this QR code to visit the MDRS
brochures website page to see each item



Promotional Items Requested

Total Number of Participants: How many of each _____ Students _____ Adults (Teachers and Parents)

MDRS	MDRS: Opportunities for Independence	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
MDRS	MDRS Vendor Recruitment	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
MDRS	MDRS Hunter Safety Checklist	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
VR	Office of Vocational Rehabilitation	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
VR	Informed Choice in the VR Process	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
VR	MS Partners for Informed Choice (MPIC)	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
VR	School To Career Transition Services	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
VR	School To Career Transition Services (SPANISH)	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
VR	Supported Employment	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
VR	Pre-Employment Transition Services	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
VR	Pre-Employment Transition Services (SPANISH)	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
VR	Pre-Employment Transition Services Push Card	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
VR	MDRS 1-2-3 Push Card	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
VR	Post-Secondary Education Push Card	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
VR/VRB/VRBS	Internship Push Card	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
VRB	Office of Vocational Rehabilitation Center for the Blind	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
VRB	Business Enterprise Program	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____

VRB	Addie McBryde Rehabilitation Center for the Blind	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
VRB	Independent Living for the Blind Push Card	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
VRB	Vision Loss Flyer	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
VRBS	Business Services Push Card	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
OSDP	Office Of Special Disability Programs	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
AT	Project START	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
AW	AbilityWorks Business	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
AW	AbilityWorks Client	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____
ABLE	Mississippi ABLE	50 <input type="checkbox"/>	100 <input type="checkbox"/>	150 <input type="checkbox"/>	Other _____

** If requesting more than 150 brochures or push cards, please include the name of the event where the printed materials will be provided.

Name of event: _____

Requested by: _____ Date: _____

SEND FORM TO:

Email Office of Communication at oc@mdrs.ms.gov
 Mail form to: PO Box 1698, Jackson, MS 39215-1698

OC-3 Updated: 1/2025