

## 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	Navigating Your Rights	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 _____

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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](mailto:oc@mdrs.ms.gov)  
Mail form to: PO Box 1698, Jackson, MS 39215-1698

*OC-3 Updated: 6/2025*