



## Poster Order Form

**Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Please check which poster(s) you would like and specify the quantity below.  
Please request no more than 25 of each poster.**

	Quantity:	Shipping Amount:
<input type="checkbox"/> No Means No! Poster	_____	_____
<input type="checkbox"/> Alcohol: The Original Date Rape Drug Poster	_____	_____
<b>Total Amount Due:</b>		_____

**Use the chart below to find the shipping cost for your order.**

Total Number of Posters:	1-5	6-15	16-25
Shipping Cost:	\$5.00	\$6.00	\$7.00

**Please enclose a check payable to NYSCASA for the amount of shipping and mail it along with this form to NYSCASA, 63 Colvin Ave., Albany, NY 12206, Attn: Theresa Summa.**