



# BROCHURE & BOOKLET ORDER FORM

**ONLY PARTNERSHIP CERTIFIED AGENTS ARE ELIGIBLE TO RECEIVE BOOKLETS AND BROCHURES.**

**Ship To:**

<b>Name</b> <i>(PLEASE PRINT)</i>		<b>E-Mail Address</b>
<b>Company Name</b>		
<b>Street Address</b> <i>(NO PO BOXES)</i>		
<b>City, State, ZIP</b>		
<b>Phone</b>		<b>Insurance LA#</b> _____

ITEM DESCRIPTION	Please Check
<b>NYS Partnership Tri-Fold Brochure 25 per order</b>	<input type="checkbox"/>
<b>NYS Partnership Consumer Booklet 10 per order</b>	<input type="checkbox"/>

Agent orders are limited to 1 order every six months.

- Please send two copies of this form.
- Allow at least 2-3 weeks for delivery.
- Shipping Method is UPS Ground.
- Send all forms to:  
NYS Partnership for Long-Term Care  
NYS DOH OMM  
One Commerce Plaza, Suite 826  
Albany, NY 12210

Phone (518) 474-0662

**Office Use Only**

Date Received:	
Date Mailed:	
Quantity Check:	
Order Number:	
Order Filled By:	