



BROCHURE & BOOKLET ORDER FORM

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

Ship To:

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

ITEM DESCRIPTION	Please Check
NYS Partnership Tri-Fold Brochure 25 per order	<input type="checkbox"/>
NYS Partnership Consumer Booklet 10 per order	<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
875 Central Ave.
Albany, NY 12206

Phone (518) 474-0662

Office Use Only

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