Please **email** the completed Resource Order Form to:

[healthpromotion@purchasepoint.com.au](mailto:healthpromotion@purchasepoint.com.au)

or **fax** to 8234 0988

or **post** to: Purchase Point Australia

10 Aristotle Close

GOLDEN GROVE 5125



**Get Healthy Information and Coaching Service®**

Print Resource Order Form for South Australia

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM** | **CODE –**  ***Office* use only** | **Maximum per order** | **Quantity ordered** |
| Small Leaflet – pad of 100 | GH008 | 10 |  |
| Flyer – DL single page | GH011 | 50 |  |
| A3 Poster | GH012 | 10 |  |

**Please complete the following details.**

|  |  |  |
| --- | --- | --- |
| **Contact person** | **Position** | |
|  |  | |
| **Organisation name** | | |
|  | | |
| **Street address** (PO Box not suitable) | **Suburb**  **Postcode** | |
| **e-mail address** | **Telephone** | |
|  |  | |
| **Date items are required** (allow 7 to 10 working days  to be processed) | (dd/mm/yy) | |
| *If items are required for a specific date (e.g. event), ensure you allow a minimum of 10 working days before this date for your items to be available for collection or received.* | | |
| **Complete this section below if you wish to collect the resources from the warehouse   (*Purchase Point Australia,* 10 Aristotle Close GOLDEN GROVE 5125)** | | |
| **Name of person collecting the resource(s)** | | |
|  | | |
| **Date to be collected** | |  |
| (dd/mm/yy) | |  |
| **e-mail address** | | **Telephone** |
|  | |  |

**Your answers to the questions below will assist SA Health to manage resources for the Get Healthy service.**

**1. Type of organisation** *(Please tick)*

|  |  |
| --- | --- |
| Community organisations, Local Government (Councils), and Community and neighbourhood houses and centres | SA Health – LHN / Hospital / Community Health / GP Plus |
| Medicare Locals / Primary Health Networks / GP Networks | Health – Private  GP / Allied Health / Hospital |
| State Government departments or programs | Education - University, TAFE |
| Other *(Please describe)* | |

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