



**ORDER FORM FOR SELF-MANAGEMENT PROGRAM  
PROMOTIONAL MATERIALS**

<i>Program</i>	<i>Select</i>	<i>Program</i>	<i>Select</i>
<b>Chronic Conditions</b>		<b>Cancer: Thriving &amp; Surviving</b>	
<b>Chronic Pain</b>		<b>Health Coach Program</b>	
<b>Diabetes</b>		<b>General Brochure for all programs</b>	
<b>Tear-Off Pad</b> (50 tear-off slips per pad)		<b>Self-Management Programs Overview</b> (Letter size)	

**SHIPPING REQUEST:**

Name of Organization: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Attention: \_\_\_\_\_

**PLEASE FAX THIS FORM TO: - 604 940 2099 – Attn: Ginette**

Or: Email: [ginettem@uvic.ca](mailto:ginettem@uvic.ca)

Or Call: Toll Free: 1 866 902 3767