

# Order Form

## Wisconsin Healthy & Ready to Work

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

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

Ship to Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### PUBLICATIONS TO ORDER

**Whose Life Is It Anyway?** # of copies at \$10 per copy \_\_\_\_\_ Total \$ \_\_\_\_\_

**Transition to Adult Health Care:  
A Training Guide in Two Parts** # of copies at \$15 per copy \_\_\_\_\_ Total \$ \_\_\_\_\_

**Safety Awareness for Empowerment** # of copies at \$10 per CD \_\_\_\_\_ Total \$ \_\_\_\_\_

**The Power of Peer Mentoring** # of copies at \$10 per copy \_\_\_\_\_ Total \$ \_\_\_\_\_

**Youth as Partners** # of copies at \$10 per copy \_\_\_\_\_ Total \$ \_\_\_\_\_

**Caleb's Story** # of DVDs at \$20 per copy \_\_\_\_\_ Total \$ \_\_\_\_\_  
# of VHSs at \$15 per copy \_\_\_\_\_ Total \$ \_\_\_\_\_

**Total Amount \$ \_\_\_\_\_**

\_\_\_\_\_ Check or \_\_\_\_\_ Cash no Credit Card no Purchase Order

Make checks payable to: **Waisman Center HRTW**

Waisman Center HRTW  
Attn: Beth Swedeen  
1500 Highland Ave., A101  
Madison, WI 53705  
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