

Complimentary Educational Safety Planning Request Form

Contact: CareTek Resources, Inc. • Toll-Free 800-545-7587 • Fax 303-470-1661

Area of Educational Emphasis, Safety Interest or Concern _____

(i.e. Emergency Response, Fire Safety, Slips & Falls, Ergonomics, MRSA, Medical Waste, Chemical Safety, Utility Failure, etc.)

Specific Goal(s): _____

Materials/Emphasis needed for:

- Training Sessions _____
- Specific Locations _____
- Upcoming Safety Fair _____
- Other Events _____

Customized Educational and Communication Choices

(Indicate the desired quantity to have quoted of each item for each audience)

COMMUNICATION CHOICES	SIZE	QUANTITIES NEEDED FOR:			
		STAFF	PATIENTS	VISITORS	OTHER
CD Coasters (new)	4.75" diameter				
Bookmarkers (new)	2" x 5"				
Magnets	(specify size)				
Stickers/Labels	(specify size)				
Employee Badge	____ Business Card - 2" x 3.5"				
Reference Cards	____ Military - 2.375" x 3.625"				
	____ Custom _____				
Other _____					

Comments or Special Requests _____

Leaflets	4" x 9"				
Handouts	____ 8.5" x 11" Bi-Folded				
	____ 8.5" x 11" Tri-Folded				
Other _____					

Comments or Special Requests _____

COMMUNICATION CHOICES

**QUANTITIES NEEDED FOR:
STAFF PATIENTS VISITORS OTHER**

COMMUNICATION CHOICES	SIZE	STAFF	PATIENTS	VISITORS	OTHER
Posters	<input type="checkbox"/> 11" x 17" <input type="checkbox"/> 8.5" x 11"				
Flipcharts	<input type="checkbox"/> Laminated <input type="checkbox"/> Pockets (specify size)				
Handbooks	(please specify)				
Internet Aids	(please specify)				

Comments or Special Requests _____

Buttons & Lapel Pins	<input type="checkbox"/> .875" diameter <input type="checkbox"/> Other _____				
Pens & Pencils					
Personal Kits	(please specify)				
Other _____					

Comments or Special Requests _____

CONTACT INFORMATION

Name _____ Title _____

Facility/Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Best Time To Reach You _____



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