



# Prostate Cancer Awareness Week

A program of the Prostate Cancer Education Council

## ORDER FORM

Site Name \_\_\_\_\_ Site ID # \_\_\_\_\_  
 Coordinator \_\_\_\_\_ FAX # \_\_\_\_\_  
 Email \_\_\_\_\_ Phone # \_\_\_\_\_  
 Site Category \_\_\_\_\_ Email \_\_\_\_\_

ITEM DESCRIPTION	COST	NUMBER OF ITEMS	TOTAL
PCAW Scantron Screening Questionnaire Form	\$ .50 per form <b>X</b>	=	
PCAW Spanish Screening Questionnaire Form	\$ .50 per form <b>X</b>	=	
PSA Lab Kits	\$ 5.00 per kit <b>X</b>	=	
<b>TOTAL ORDER</b>	_____	<b>Get your supplies for FREE ! See Below.</b>	

We plan on returning our PCAW Screening Questionnaire forms **AND** a copy of our PSA results (listed by barcode number)\* to the PCEC for processing and understand that by doing this the cost of the above supplies will be waived by the PCEC. If we do not return the completed Screening Questionnaires **AND** PSA results we will be responsible for full payment of supply cost.....

**Yes**    **No**

\* Sites utilizing the UCHSC lab are not required to send their PSA results to the PCEC.

The PCEC will email you a confirmation of your order upon receipt of your order form. Please make sure the above email address is accurate and make any changes necessary.

**Coordinator Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

*You will be billed after PCAW 2005 if we have not received a payment and/or if you do not return questionnaire forms and PSA results to us. Orders will not be delayed waiting for payment. Orders received after August 5, 2005 may be subject to additional express/overnight shipping charges.*

**FAX ORDER FORM TO (303) 320-3835**

Forms may be sent to the Prostate Cancer Education Council

5299 DTC Blvd., Suite 345, Greenwood Village, CO 80111

(303) 316-4685 phone \* (866) 4Prost8 toll free