

Product Request Form

Chapter Name: _____

Contact Name: _____

Phone: _____ Email: _____

Address to Ship to: _____

Event Information:

Name of Event: _____

Event Date: _____

Expected Outreach: _____

of Toothbrushes (500 max total): _____ Adult _____ Child

1 toothpaste will be sent per toothbrush if available

*Chapter/Member is in charge of full shipping cost, allow up to 2 weeks for shipping

**Please complete the HDA Service Outreach Form & submit photos of the event within 2 weeks

Submit this form to:

Gilberto Rios, MPH

operationsmanager@hdassoc.org

787-955-4752