

MINNESOTA DEPARTMENT OF HEALTH POSTER ORDER FORM



Please mail _____ handwashing posters, _____ food/drink posters, and _____ how diseases spread posters (at no charge) to:

Name: _____

Farm/fair Name: _____

Address: _____

City/State/Zip: _____

Phone: _____/_____

If applicable: Dates of Fair: _____/_____/_____ to _____/_____/_____

Please fax this form to Marilyn Grant at 651-201-5743;

or mail to:

Marilyn Grant
Minnesota Department of Health
Acute Disease Investigation and Control Section
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Phone: 651-201-5414